



DEPARTMENT of HEALTH and HUMAN

This is a scanned version of
the printed justification document.

SERVICES Web Version - Part V Fiscal Year

2003

containing:

Supplemental Materials:

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Exhibit S Accrual Costs for Retirement & Health Benefits Crosswalk

Crosscutting Information

Health Facilities Priority Rankings

Indian Health Service

Justification of Estimates for Appropriations Committees

To obtain a specific section,
refer to the IHS Budget website:
<http://www.ihs.gov/AdminMngrResources/Budget/index.htm>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

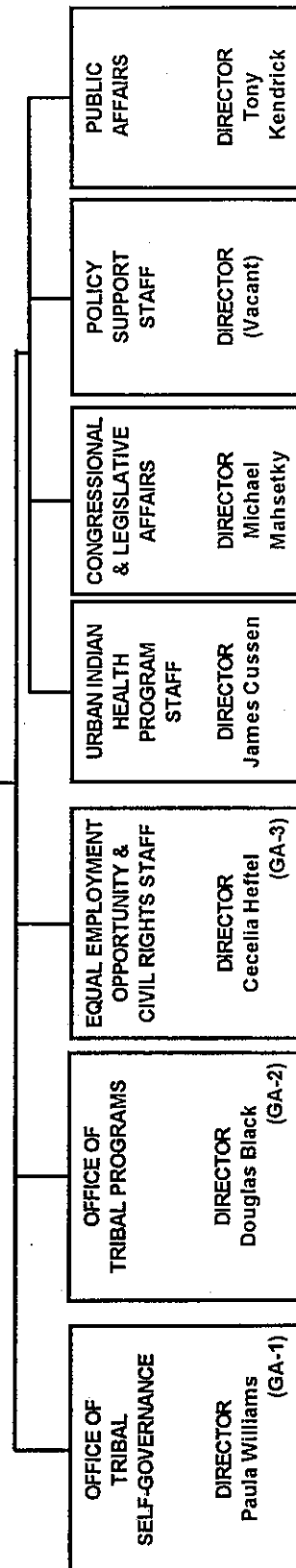
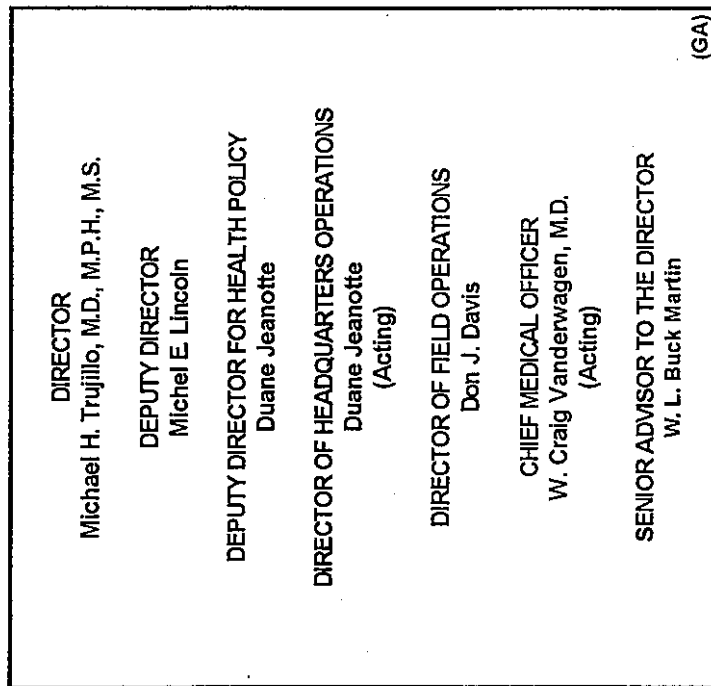
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

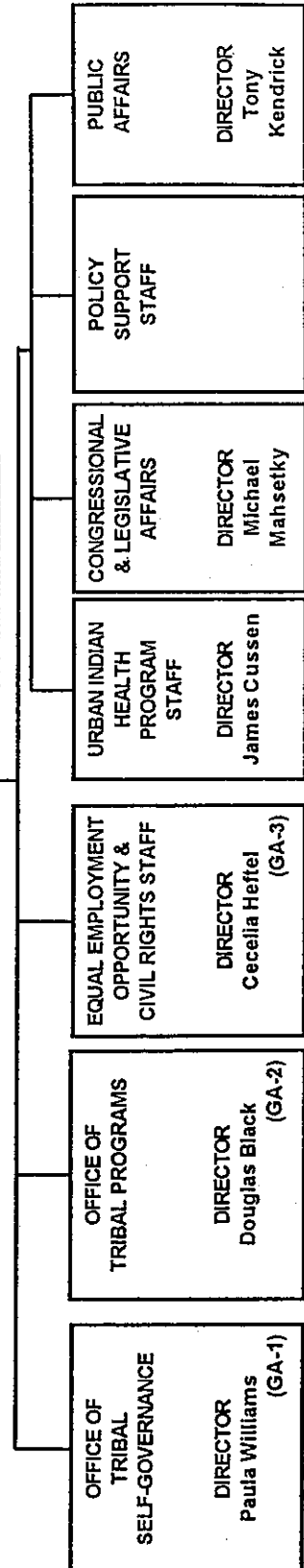
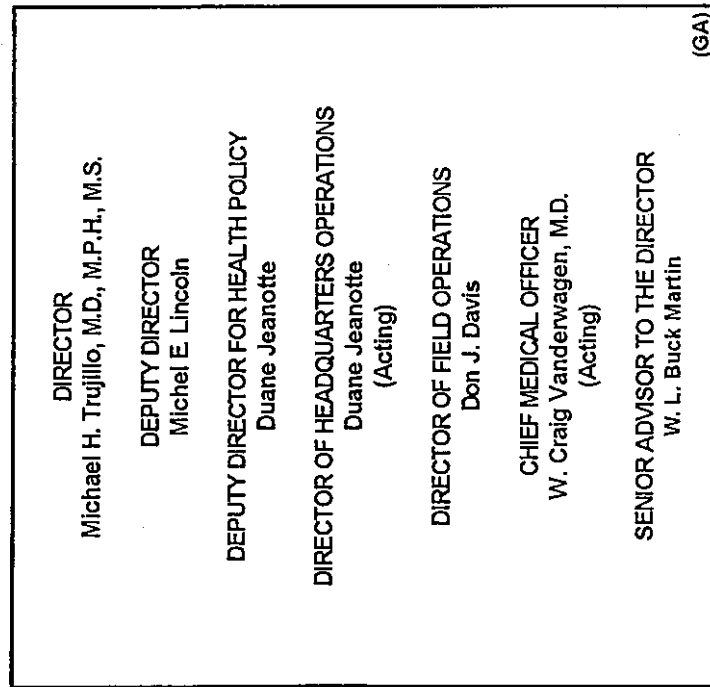
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

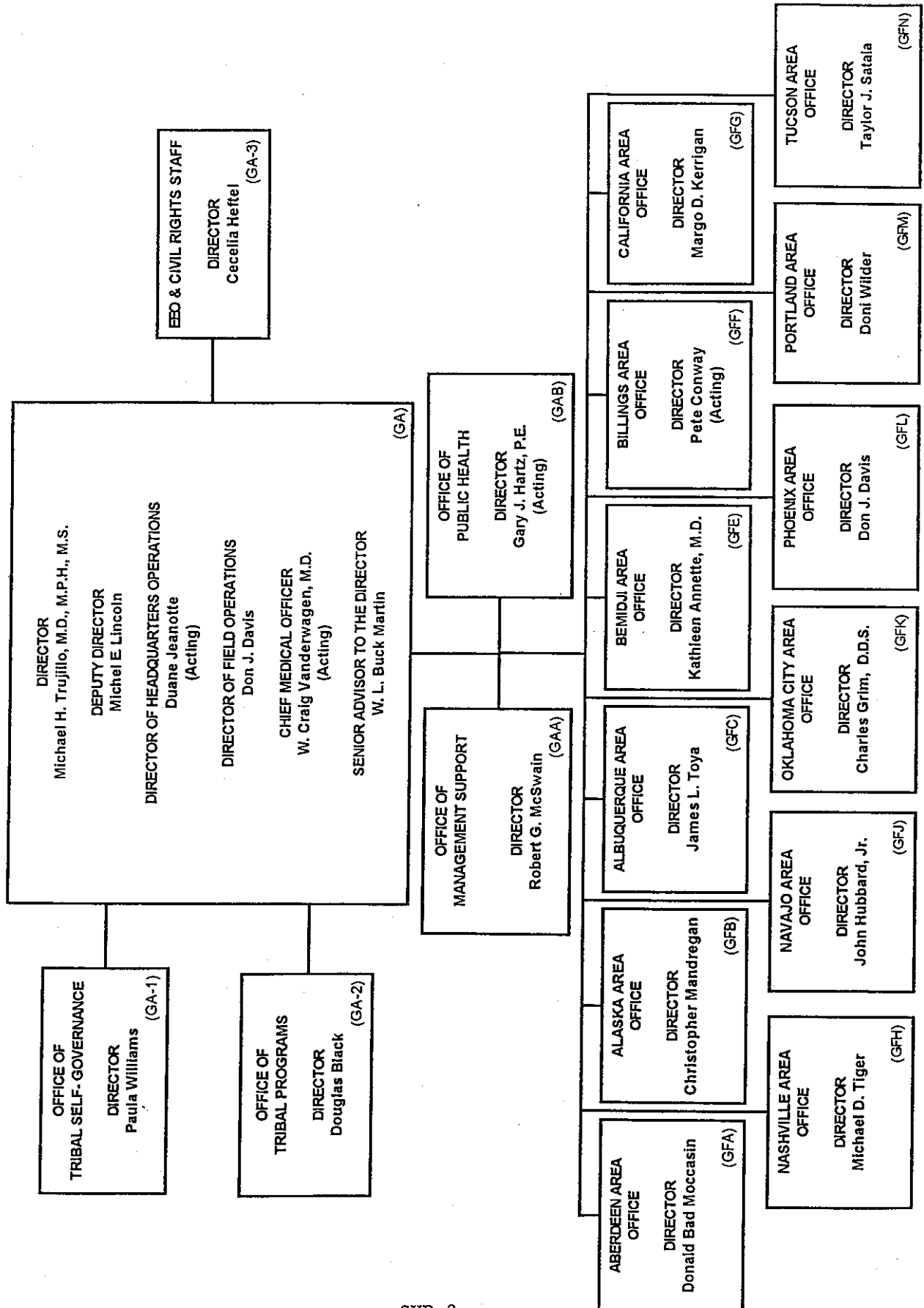
Indian Health Service

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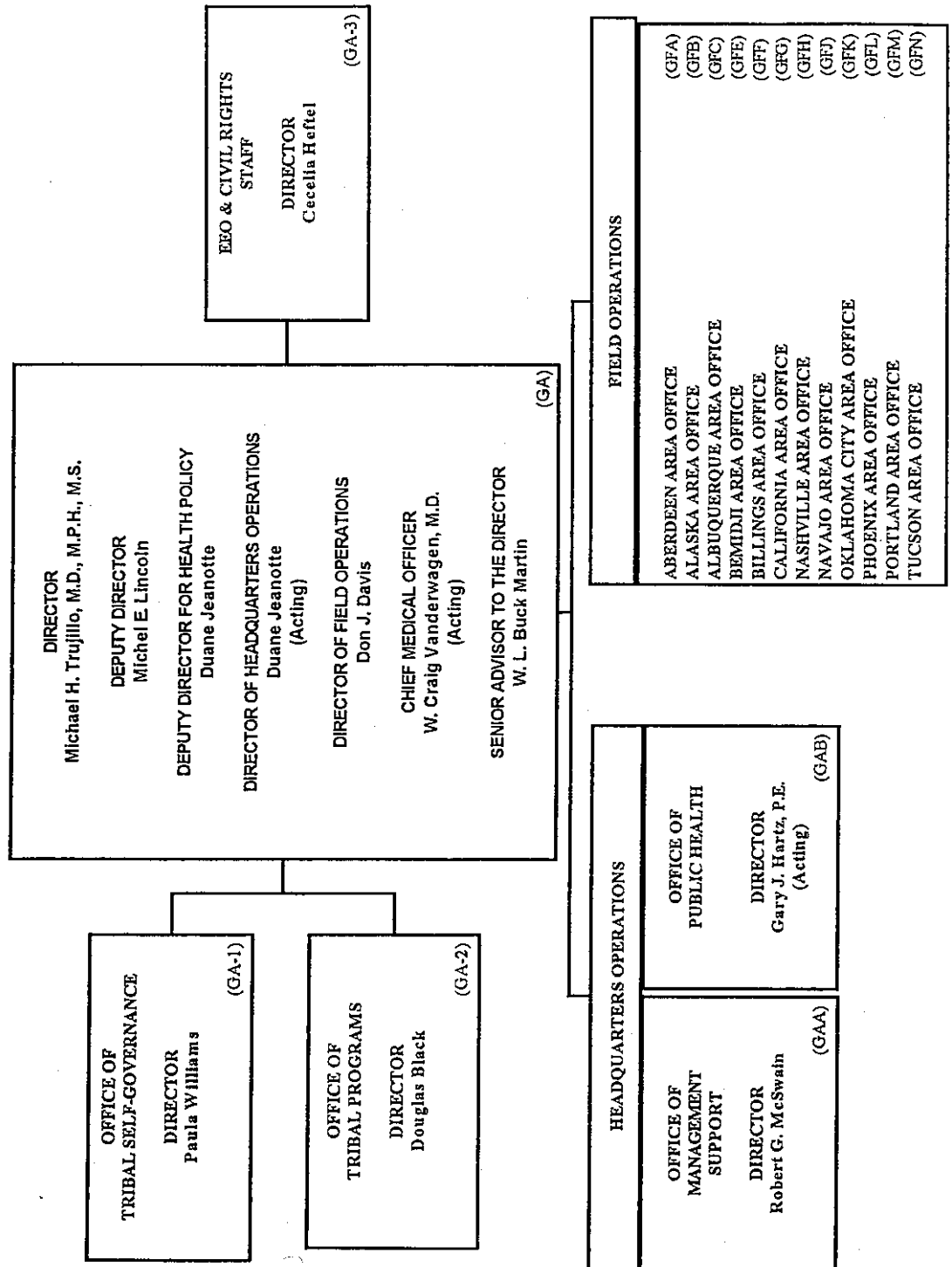
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

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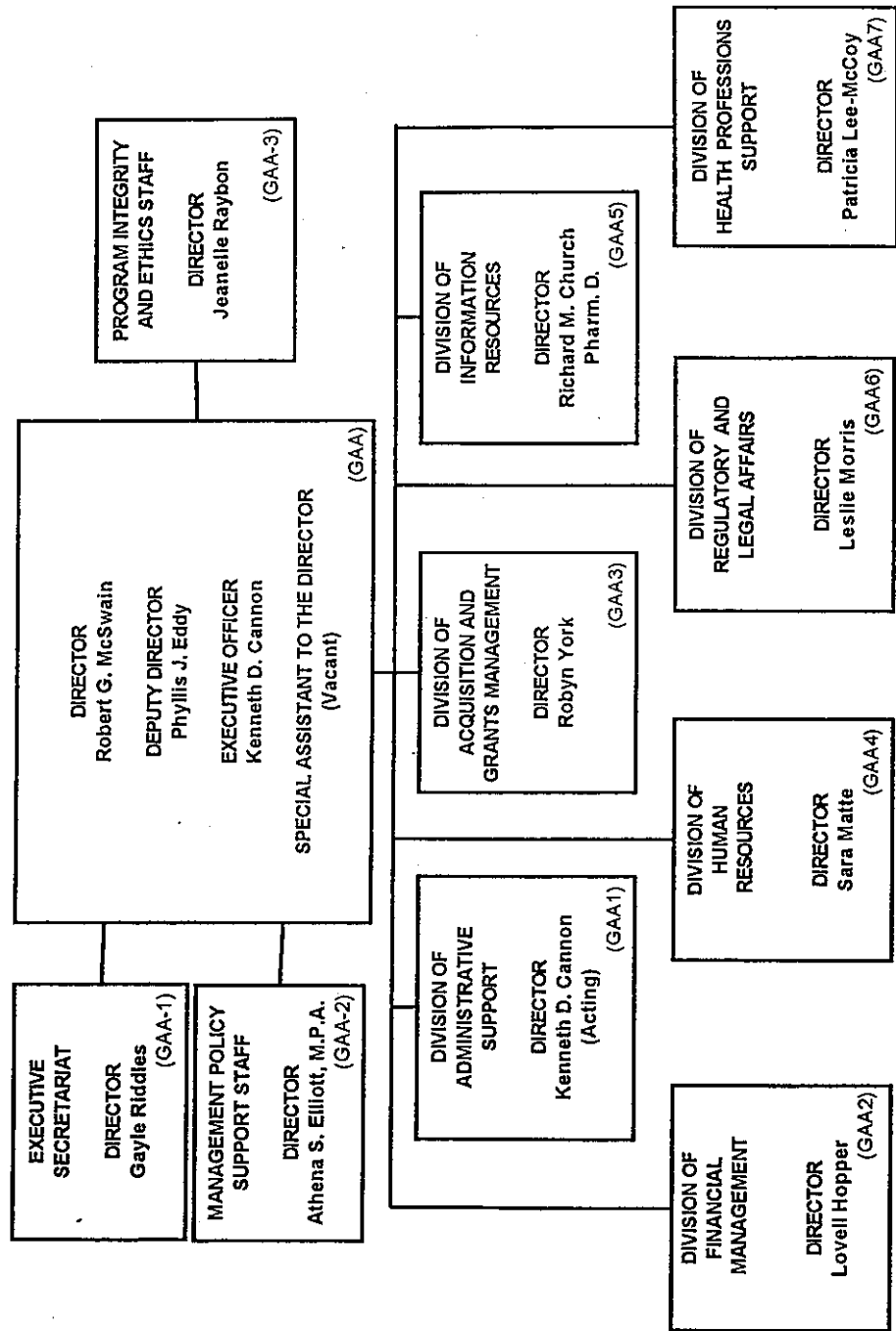


EXHIBIT D-1

INDIAN HEALTH SERVICE

Federal Funds

General and special funds:

Indian Health Services

For expenses necessary to carry out the Act of August 5, 1954 (68 Stat. 674), the Indian Self-Determination Act, the Indian Health Care Improvement Act, and titles II and III of the Public Health Service Act with respect to the Indian Health Service, [\$2,389,614,000] \$2,513,668,000 1/ together with payments received during the fiscal year pursuant to 42 U.S.C. 238(b) for services furnished by the Indian Health Service: *Provided*, That funds made available to tribes and tribal organizations through contracts, grant agreements, or any other agreements or compacts authorized by the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450), shall be deemed to be obligated at the time of the grant or contract award and thereafter shall remain available to the tribe or tribal organization without fiscal year limitation: *Provided further*, That [\$15,000,000] up to \$18,000,000 shall remain available until expended, for the Indian Catastrophic Health Emergency Fund: *Provided further*, That [\$430,776,000] \$450,130,000 for contract medical care shall remain available for obligation until September 30, [2003] 2004: *Provided further*, That of the funds provided, up to [\$22,000,000] \$25,000,000 shall be used to carry out the loan repayment program under section 108 of the Indian Health Care Improvement Act: *Provided further*, That funds provided in this Act may be used for one-year contracts and grants which are to be performed in two fiscal years, so long as the total obligation is recorded in the year for which the funds are appropriated: *Provided further*, That

the amounts collected by the Secretary of Health and Human Services under the authority of title IV of the Indian Health Care Improvement Act shall remain available until expended for the purpose of achieving compliance with the applicable conditions and requirements of titles XVIII and XIX of the Social Security Act (exclusive of planning, design, or construction of new facilities): *Provided further*, That funding contained herein, and in any earlier appropriations Acts for scholarship programs under the Indian Health Care Improvement Act (25 U.S.C. 1613) shall remain available for obligation until September 30, [2002] 2004: *Provided further*, That amounts received by tribes and tribal organizations under title IV of the Indian Health Care Improvement Act shall be reported and accounted for and available to the receiving tribes and tribal organizations until expended: *Provided further*, That, notwithstanding any other provision of law, of the amounts provided herein, not to exceed [\$268,234,000] \$270,734,000 shall be for payments to tribes and tribal organizations for contract or grant support costs associated with contracts, grants, self-governance compacts or annual funding agreements between the Indian Health Service and a tribe or tribal organization pursuant to the Indian Self-Determination Act of 1975, as amended, prior to or during fiscal year [2002] 2003, of which not to exceed [\$20,000,000] \$2,500,000 may be used for contract support costs associated with new or expanded self-determination contracts, grants, self-governance compacts or annual funding agreements: *Provided further*, That funds available for the Indian Health Care Improvement Fund may be used, as needed, to carry out activities typically funded under the Indian Health Facilities account. (Department of the Interior and Related Agencies Appropriations Act, [2002] 2003; additional authorizing legislation required.)

Indian Health Facilities

For construction, repair, maintenance, improvement, and equipment of health and related auxiliary facilities, including quarters for personnel; preparation of plans, specifications, and drawings; acquisition of sites, purchase and erection of modular buildings, and purchases of trailers; and for provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a), the Indian Self-Determination Act, and the Indian Health Care Improvement Act, and for expenses necessary to carry out such Acts and titles II and III of the Public Health Service Act with respect to environmental health and facilities [support] activities of the Indian Health Service, [\$319,795,000] \$370,475,000 2/ to remain available until expended: *Provided*, That notwithstanding any other provision of law, funds appropriated for the planning, design, construction or renovation of health care facilities for the benefit of an Indian tribe or tribes may be used to purchase land for sites to construct, improve, or enlarge health or related facilities: [*Provided further*, That from the funds appropriated herein, \$5,000,000 shall be designated by the Indian Health Service as a contribution to the Yukon-Kuskokwim Health Corporation (YKHC) to continue a priority project for the acquisition of land, planning, design and construction of 79 staff quarters at Bethel, Alaska, subject to a negotiated project agreement between the YKHC and the Indian Health Service: *Provided further*, That this project shall not be subject to the construction provisions of the Indian Self-Determination and Education Assistance Act and shall be removed from the Indian Health Service priority list upon completion: *Provided further*, That the Federal Government shall not be liable for any property damages or other construction claims that may arise from YKHC undertaking this project: *Provided further*, That the land shall be owned or leased by the YKHC and title to quarters shall remain vested with the

YKHC: *Provided further*, That \$5,000,000 shall remain available until expended for the purpose of funding up to two joint venture health care facility projects authorized under the Indian Health Care Improvement Act, as amended: *Provided further*, That priority, by rank order, shall be given to tribes with outpatient projects on the existing Indian Health Services priority list that have Service-approved planning documents, and can demonstrate by March 1, 2002, the financial capability necessary to provide an appropriate facility: *Provided further*, That joint venture funds unallocated after March 1, 2002, shall be made available for joint venture projects on a competitive basis giving priority to tribes that currently have no existing Federally-owned health care facility, have planning documents meeting Indian Health Service requirements prepared for approval by the Service and can demonstrate the financial capability needed to provide an appropriate facility: *Provided further*, That the Indian Health Service shall request additional staffing, operation and maintenance funds for these facilities in future budget requests:] *Provided further*, That not to exceed \$500,000 shall be used by the Indian Health Service to purchase TRANSAM equipment from the Department of Defense for distribution to the Indian Health Service and tribal facilities: *Provided further*, That not to exceed \$500,000 shall be used the Indian Health Service to obtain ambulances for the Indian Health Service and tribal facilities in conjunction with an existing interagency agreement between the Indian Health Service and the General Services Administration: *Provided further*, That not to exceed \$500,000 shall be placed in a Demolition Fund, available until expended, to be used by the Indian Health Service for demolition of Federal buildings[: *Provided further*, That notwithstanding the provisions of title III, section 306, of the Indian Health Care Improvement Act (Public Law 94-437, as amended), construction contracts authorized under title I of the Indian Self-Determination and Education Assistance Act of 1975, as amended, may be used rather than grants

to fund small ambulatory facility construction projects: *Provided further, That* if a contract is used, the IHS is authorized to improve municipal, private, or tribal land, and that at no time, during construction or after completion of the project will the Federal Government have any rights or title to any real or personal property acquired as a part of the contract: *Provided further, That* notwithstanding any other provision of law or regulation, for purposes of acquiring sites for a new clinic and staff quarters in St. Paul Island, Alaska, the Secretary of Health and Human Services may accept land donated by the Tanadgusix Corporation]. (*Department of the Interior and Related Agencies Appropriations Act, [2002] 2003; additional authorizing legislation required.*)

ADMINISTRATIVE PROVISIONS

Appropriations in this act to the Indian Health Service shall be available for services as authorized by 5 U.S.C. 3109 but at rates not to exceed the per diem rate equivalent to the maximum rate payable for senior-level positions under 5 U.S.C. 5376; hire of passenger motor vehicles and aircraft; purchase of medical equipment; purchase of reprints; purchase, renovation and erection of modular buildings and renovation of existing facilities; payments for telephone service in private residences in the field, when authorized under regulations approved by the Secretary; and for uniforms or allowances [therefore] therefor as authorized by 5 U.S.C. 5901-5902; and for expenses of attendance at meetings which are concerned with the functions or activities for which the appropriation is made or which will contribute to improved conduct, supervision, or management of those functions or activities.

In accordance with the provisions of the Indian Health Care Improvement Act, non-Indian patients may be extended health care at all tribally administered or Indian Health Service facilities, subject to charges, and the proceeds along with funds recovered under the Federal Medical Care Recovery Act (42 U.S.C. 2651-2653) shall be credited to the account of the facility providing the service and shall be available without fiscal year limitation.

Notwithstanding any other law or regulation, funds transferred from the Department of Housing and Urban Development to the Indian Health Service shall be administered under Public Law 86-121 (the Indian Sanitation Facilities Act) and Public Law 93-638, as amended.

Funds appropriated to the Indian Health Service in this Act, except those used for administrative and program direction purposes, shall not be subject to limitations directed as curtailing Federal travel and transportation.

Notwithstanding any other provision of law, funds previously or herein made available to a tribe or tribal organization through a contract, grant or agreement authorized by title I or title III of the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450), may be deobligated and

reobligated to a self-determination contract under title I, or self-governance agreement under title III of such Act and thereafter shall remain available to the tribe or tribal organization without fiscal year limitation.

None of the funds made available to the Indian Health Service in this Act shall be used to implement the final rule published in the Federal Register on September 16, 1987, by the Department of Health and Human Services, relating to eligibility for the health care services of the Indian Health Service until the Indian Health Service has submitted a budget request reflecting the increased cost associated with the proposed final rule, and such request has been included in an appropriations Act and enacted into law.

[Funds made available in this Act are to be apportioned to the Indian Health Service as appropriated in this Act, and accounted for in the appropriation structure set forth in this Act.]

With respect to functions transferred by the Indian Health Service to tribes or tribal organizations, the Indian Health Service is authorized to provide goods and services to those entities, on a reimbursable basis, including payment in advance with subsequent adjustment. The reimbursements received therefrom, along with the funds received from those entities pursuant to the Indian Self-Determination Act, may be credited to the same or subsequent appropriation account which provided the funding. Such amounts shall remain available until expended.

Reimbursements for training, technical assistance, or services provided by the Indian Health Service will contain total costs, including direct, administrative, and overhead associated with the provision of goods, services, or technical assistance.

The appropriation structure for the Indian Health Service may not be altered without advance [approval of] notice submitted to the House and Senate Committees on Appropriations. (*Department of the Interior and Related Agencies Appropriations Act, [2002] 2003.*)

EXHIBIT D-1

Explanation of Language Changes

Language Provision	Explanation
<u>1/</u> . . . \$2,513,668,000 . . .	For Services Appropriations, the request includes \$60,671,000 to cover full FY 2003 IHS' share of accruing employee pensions and annuitant health benefits. Authorizing legislation required to implement this change for all government agencies has been submitted.
<u>2/</u> . . . \$370,475,000 . . .	For Facilities Appropriations, the request includes \$7,904,000 to cover full FY 2003 IHS' share of accruing employee pensions and annuitant health benefits. Authorizing legislation required to implement this change for all government agencies has been submitted.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
INDIAN HEALTH SERVICES

Amounts Available for Obligations

O:\DFM\BFPB\FY2003\CONGL SUBM\Exhibit E-2

	2001 Actual	2002 Appropriation	2003 Estimate
Appropriation:			
Appropriation (Services)	\$2,270,658,000	\$2,389,614,000	\$2,452,997,000
Enacted Rescission	(\$4,995,000)	\$0	\$0
Subtotal, Adjusted Appropriation . . .	\$2,265,663,000	\$2,389,614,000	\$2,452,997,000
Transfer Appropriation: Diabetes. . .	\$100,000,000	\$100,000,000	\$100,000,000
Comparable adjustment for accrued cost proposal.	\$53,972,000	\$58,283,000	\$60,671,000
Subtotal, adjusted budget authority. .	\$2,419,635,000	\$2,547,897,000	\$2,613,668,000
Offsetting Collections:			
Federal sources	355,666,000	393,757,000	393,757,000
Non-federal sources	345,211,000	364,205,000	364,205,000
Subtotal	\$700,877,000	\$757,962,000	\$757,962,000
Comparable adjustment for accrued cost proposal.	\$7,736,000	\$8,277,000	\$8,857,000
Subtotal, adjusted offsetting collection .	\$708,613,000	\$766,239,000	\$766,819,000
Unobligated Balance, Start of Year	165,000,000	185,000,000	185,000,000
Unobligated Balance End of Year	185,000,000	185,000,000	185,000,000
Unobligated Balance Lapsing	0	0	0
Total Amount Available for Obligation	\$3,108,248,000	\$3,314,136,000	\$3,380,487,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE
INDIAN HEALTH FACILITIES

Amounts Available for Obligations

O:\DFM\BPPB\FY2003\CONGLSUBM\Exhibit E-2

	2001 Actual	2002 Appropriation	2003 Estimate
Appropriation.....	363,904,000	369,487,000	362,571,000
Enacted Rescission.....	(801,000)	0	0
Administrative Cost Reduction.....	0	0	0
Subtotal, Adjusted Appropriation.....	363,103,000	369,487,000	362,571,000
Comparable adjustment for accrued cost proposal.....	\$7,020,000	\$7,531,000	\$7,404,000
Subtotal, adjusted budget authority.....	\$370,123,000	\$377,018,000	\$369,975,000
Offsetting Collections:			
Appropriation (special fund).....	\$11,332,000	\$6,000,000	\$6,000,000
Spending Authority Fm Offsetting Coll./wcs40.....	6,978,000	6,978,000	6,978,000
Change in uncollected customer pymts. from Fed. Sources. . .	(4,329,000)	0	0
Spending Authority Fm Offsetting Coll.(total discretion)	3,137,000	7,000,000	7,000,000
Subtotal, Offsetting Collections.....	\$17,118,000	\$19,978,000	\$19,978,000
Unobligated balance, start of year.....	90,103,000	138,437,000	138,437,000
Unobligated balance end of year.....	138,437,000	138,437,000	139,437,000
Total Obligations.....	338,907,000	396,996,000	388,953,000

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EXHIBIT F

INDIAN HEALTH SERVICE
Health Services
SUMMARY OF CHANGES

2002 Final Appropriation	
(includes additional accrual costs of \$58,283,000)	\$2,447,098,000
Total estimated budget authority	\$2,447,098,000
(Obligations)	(\$2,447,098,000)
2003 Estimate	\$2,513,668,000
(includes additional accrual cost of \$60,671,000)	
(Obligations)	(\$2,513,668,000)
Net Change	+\$66,570,000
(Obligations)	(+\$66,570,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS Pay Raise at 4.6% (3 mos) ..	--	N/A	--	\$3,412,000
2. Annualization of FY 2002 CO Pay Raise at 6.9% (3 mos) ..	--	N/A	--	2,758,000
3. FY 2003 CS Pay Raise at 2.6% (9 months)	--	N/A	--	10,651,000
4. FY 2003 CO Pay Raise at 4.1% (9 months)	--	N/A	--	5,171,000
5. Tribal Pay Cost	--	N/A	--	26,458,000
6. Within Grade Increase	--	N/A	--	10,051,000
7. One Day Pay	--	N/A	--	0
8. Increased Cost of Travel ...	--	29,347,000	--	528,000
9. Increased Trans of Things ..	--	7,807,000	--	140,000
10. Increased cost of Printing ..	--	854,000	--	34,000
11. Increased Cost of Rents, Comm., & Utilities	--	31,495,000	--	565,000
12. Increased Cost of Health Care Provided Under Contracts & Grants	--	315,778,000	--	12,176,000
13. Increased Cost of Supplies ..	--	101,275,000	--	3,387,000
14. Increased Cost of Medical or Other Equipment	--	19,393,000	--	602,000
15. Increased Cost of Land Structure	--	870,000	--	16,000
16. Increased Cost of Grants ...	--	1,287,579,000	--	39,302,000
17. Increased Cost of Insurance /Indemnities	--	1,387,000	--	25,000
18. Increased Cost of Interest /Dividends	--	89,000	--	1,000

	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
19. Increased Cost of Service And Supply Fund.....	--	N/A	--	\$1,487,000
20. Cost of Commissioned Corp Health Benefits & Annuitant 65 and over.....	--	N/A	--	10,516,000
Subtotal Built-In.....	--	N/A	--	+\$127,280,000
B. Phasing In of Staff and Operating Cost of New Fac:				
Parker, AZ Hlth Ctr.....	--	N/A	21	\$1,717,000
Winnebago, NE Hospital.....	--	N/A	40	3,939,000
Ft. Defiance, AZ Hospital..	--	N/A	104	8,770,000
Subtotal Staffing.....	--	N/A	+165	+\$14,426,000
C. Other Built In:				
Contract Support Cost.....	--	N/A	--	\$2,500,000
Subtotal Other.....	--	N/A	--	+\$2,500,000
D. Program:				
Epi Centers.....	--	N/A	--	\$1,500,000
HIPAA Privacy Regulations...	--	N/A	--	850,000
Contract Health Services....	--	N/A	--	7,351,000
Indian Health Profession....	--	N/A	--	4,150,000
Information Technology.....	--	N/A	--	2,500,000
Subtotal Program.....	--	N/A	--	+\$16,351,000
TOTAL INCREASES.....	--	N/A	+165	+\$160,557,000
E. Accrued Cost Proposal:				
Personnel Benefits	--	N/A	--	\$59,652,000
Other Contractual Service	--	N/A	--	1,019,000
Subtotal Accrued Cost.....	--	N/A	--	+\$60,671,000
TOTAL INCREASES.....	--	N/A	+165	+\$221,228,000
DECREASES:				
A. Built In:				
Absorption of Built-In:				
Pay/Inflation/SSF Increases.	--	N/A	--	-\$74,600,000 ¹
Health Benefit Cost of Commissioned Corp Annuitants 65 and over.....	--	N/A	--	-10,516,000
Subtotal Built In.....	--	N/A	--	-\$85,116,000
B. Program Decreases:				
H&HC Mgmt Reduction.....	--	N/A	--	-\$4,435,000
DO Mgmt Reduction.....	--	N/A	--	-4,436,000
Subtotal Program Decreases.	--	N/A	--	-\$8,871,000
TOTAL DECREASES.....	--	N/A	--	-\$93,987,000
NET CHANGE.....	--	N/A	+165	+\$66,570,000

1 The Accrued Retirement Cost of \$60,671,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these costs.

Clinical Services

2002 Final Appropriation

(includes additional accrual cost of \$47,297,000) \$1,939,236,000

Total estimated budget authority \$1,939,236,000
(Obligations) (\$1,939,239,000)

2003 Estimate

(includes additional accrual cost of \$49,352,000) \$1,994,477,000
(Obligations) (\$1,994,477,000)

Net Change +\$55,241,000
(Obligations) (+ \$55,241,000)

	2002 Current Est. Base		Change from Base	
INCREASES:	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS Pay Raise at 4.6% (3 mos)...	--	N/A	--	\$2,889,000
2. Annualization of FY 2002 CO Pay Raise at 6.9% (3 mos)...	--	N/A	--	2,586,000
3. FY 2003 Pay Raise at 2.6% (9 months).....	--	N/A	--	9,391,000
4. FY 2003 CO Pay Raise at 4.1% (9 months).....	--	N/A	--	4,849,000
5. Within Grade Increase.....	--	N/A	--	8,998,000
6. One Day Pay.....	--	N/A	--	0
7. Tribal Pay Cost.....	--	N/A	--	23,199,000
8. Increased Cost of Travel...	--	26,055,000	--	468,000
9. Increased Trans of Things..	--	6,584,000	--	119,000
10. Increased cost of Printing.	--	684,000	--	28,000
11. Increased Cost of Rents, Comm., & Utilities.....	--	30,246,000	--	544,000
12. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	308,085,000	--	11,877,000
13. Increased Cost of Supplies.	--	99,836,000	--	3,359,000
14. Increased Cost of Medical or Other Equipment.....	--	16,007,000	--	541,000
15. Increased Cost of Land Structure.....	--	868,000	--	16,000
16. Increased Cost of Grants...	--	868,890,000	--	33,887,000
17. Increased Cost of Insurance /Indemnities.....	--	723,000	--	13,000
18. Increased Cost of Interest Dividends.....	--	89,000	--	1,000

	2001 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
19. Increased Cost of Service And Supply Fund.....	--	N/A	--	1,487,000
20. Cost of Commissioned Corp Health Benefits & Annuitant 65 and over.....	--	N/A	--	9,644,000
Subtotal Built In.....	--	N/A	--	+\$113,896,000
B. <u>Phasing In of Staff and Operating Cost of New Fac:</u>				
Parker, AZ Hlth Ctr.....	--	N/A	20	\$1,628,000
Winnebago, NE Hospital.....	--	N/A	40	3,469,000
Ft. Defiance, AZ Hospital..	--	N/A	93	7,788,000
Subtotal Staffing.....	--	N/A	+153	+\$12,885,000
C. <u>Program:</u>				
Epi Center.....	--	N/A	--	\$1,500,000
HIPAA Privacy Regulation....	--	N/A	--	850,000
Contract Health Services....	--	N/A	--	7,351,000
Subtotal Program.....	--	N/A	--	+\$9,701,000
TOTAL INCREASES.....	--	N/A	+153	+\$136,482,000
D. <u>Accrued Cost Proposal:</u>				
Personnel Benefits	--	N/A	--	\$48,525,000
Other Contractual Services	--	N/A	--	827,000
Subtotal Accrued Cost.....	--	N/A	--	+\$49,352,000
TOTAL INCREASES.....	--	N/A	+153	+\$185,834,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation/SSF Increases.	--	N/A	--	-\$67,162,000 ¹
Health Benefit Cost of Commissioned Corp Annuitants 65 and over.....	--	N/A	--	-9,644,000
Subtotal Built In.....	--	N/A	--	-\$76,806,000
B. <u>Program:</u>				
H&HC Mgmt Reduction.....	--	N/A	--	-\$4,435,000
Subtotal Program.....	--	N/A	--	-\$4,435,000
TOTAL DECREASES.....	--	N/A	--	-\$81,241,000
NET CHANGE.....	--	N/A	+153	+\$55,241,000

1 The Accrued Retirement Cost of \$49,352,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Hospital and Health Clinics

2002 Final Appropriation	\$1,193,704,000
(includes additional accrual cost of \$39,993,000)	
 Total estimated budget authority	 \$1,193,704,000
(Obligations)	(\$1,193,704,000)
 2003 Estimate (includes additional ..	 \$1,230,147,000
(includes additional accrual cost of \$41,607,000)	
(Obligations)	<u>(\$1,230,147,000)</u>
 Net Change	 +\$36,443,000
(Obligations)	(+ \$36,443,000)

<u>INCREASES:</u>	<u>2002 Current Est. Base</u>	<u>Change from Base</u>
	<u>FTE</u> <u>BA</u>	<u>FTE</u> <u>BA</u>
A. Built In:		
1. Annualization of FY 2002 CS		
Pay Raise at 4.6% (3 mos) ..	-- N/A	-- \$2,371,000
2. Annualization of FY 2002 CO		
Pay Raise at 6.9% (3 mos) ..	-- N/A	-- 2,209,000
3. FY 2003 Pay Raise at 2.6%		
(9 months)	-- N/A	-- 7,802,000
4. FY 2003 CO Pay Raise at		
4.1% (9 months)	-- N/A	-- 4,142,000
5. Within Grade Increase	-- N/A	-- 7,590,000
6. One Day Pay	-- N/A	-- 0
7. Tribal Pay Cost	-- N/A	-- 17,686,000
8. Increased Cost of Travel ..	-- 8,149,000	-- 146,000
9. Increased Trans of Things ..	-- 5,433,000	-- 98,000
10. Increased cost of Printing	-- 640,000	-- 26,000
11. Increased Cost of Rents,		
Comm., & Utilities	-- 29,723,000	-- 535,000
12. Increased Cost of Health		
Care Provided Under		
Contracts & Grants	-- 62,573,000	-- 2,301,000
13. Increased Cost of Supplies	-- 83,573,000	-- 2,725,000
14. Increased Cost of Medical		
or Other Equipment	-- 12,724,000	-- 468,000
15. Increased Cost of Land		
Structure	-- 485,000	-- 9,000
16. Increased Cost of Grants ..	-- 498,066,000	-- 19,425,000
17. Increased Cost of Insurance		
/Indemnities	-- 711,000	-- 13,000
18. Increased to Services and		
Supply Fund	-- N/A	-- 1,487,000

	<u>2002 Current Est. Base</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
19. Cost of Commissioned Corp Health Benefits & Annuitant 65 and over.....	--	N/A	--	8,644,000
Subtotal Built In.....	--	N/A	--	+\$77,677,000
B. <u>Phasing In of Staff and Operating Cost of New Fac:</u>				
Parker, AZ Hlth Ctr.....	--	N/A	16	\$1,280,000
Winnebago, NE Hospital.....	--	N/A	37	3,121,000
Ft. Defiance, AZ Hospital.	--	N/A	56	4,478,000
Subtotal Staffing.....	--	N/A	+109	+\$8,879,000
C. <u>Program:</u>				
Epi Center.....	--	N/A	--	\$1,500,000
HIPAA Privacy Regulations..	--	N/A	--	850,000
Subtotal Program.....	--	N/A	--	+\$2,350,000
TOTAL INCREASES.....	--	N/A	+109	+\$88,906,000
D. <u>Accrued Cost Proposal:</u>				
Personnel Benefits.....	--	N/A	--	\$40,910,000
Other Contractual Services..	--	N/A	--	697,000
Subtotal Accrued Cost.....	--	N/A	--	+\$41,607,000
TOTAL INCREASES.....	--	N/A	+109	+\$130,513,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation/SSF Increases.	--	N/A	--	-\$39,384,000 ¹
Health Benefit Cost of Commissioned Corp Annuitants 65 and over.....	--	N/A	--	-8,644,000
Subtotal Built In.....	--	N/A	--	-\$48,028,000
B. <u>Program:</u>				
Management Reduction.....	--	N/A	--	-\$4,435,000
Subtotal Program.....	--	N/A	--	-\$4,435,000
TOTAL DECREASES.....	--	N/A	--	-\$52,463,000
NET CHANGE.....	--	N/A	+109	+\$36,443,000

1 The Accrued Retirement Cost of \$41,643,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Dental Health

2002 Final Appropriation	\$99,878,000
(includes additional accrual cost of \$4,573,000)	
Total estimated budget authority	\$99,878,000
(Obligations)	(\$99,878,000)
2003 Estimate (includes additional ..	\$104,901,000
(includes additional accrual cost of \$4,816,000)	
(Obligations)	(\$104,901,000)
Net Change	+\$5,023,000
(Obligations)	-(+\$5,023,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3 mos)...	--	N/A	--	\$238,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos)...	--	N/A	--	335,000
3. FY 2003 Pay Raise at 2.6%				
(9 months).....	--	N/A	--	788,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months).....	--	N/A	--	628,000
5. One Day Pay.....	--	N/A	--	0
6. Within Grade Increase.....	--	N/A	--	825,000
7. Tribal Pay Cost.....	--	N/A	--	1,404,000
8. Increased Cost of Travel...	--	736,000	--	13,000
9. Increased Trans of Things..	--	677,000	--	12,000
10. Increased Cost of Printing.	--	39,000	--	2,000
11. Increased cost of Rent,				
Comm., and Utilities.....	--	252,000	--	5,000
12. Increased Cost of Health				
Care Provided Under				
Contracts & Grants.....	--	4,639,000	--	181,000
13. Increased Cost of Supplies.	--	4,688,000	--	191,000
14. Increased Cost of Medical				
or Other Equipment.....	--	2,374,000	--	55,000
15. Increased Cost of Land				
Structure.....	--	383,000	--	7,000
16. Increased Cost of Grants...	--	33,132,000	--	1,292,000
17. Cost of Commissioned Corp				
Health Benefits & Annuitant				
65 and over.....	--	N/A	--	1,000,000
Subtotal Built-In.....	--	N/A	--	+\$6,976,000

	2002 Current Est. Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
B. <u>Phasing In of Staff and</u> <u>Operating Cost of New Fac:</u>				
Parker, AZ Hlth Ctr.....	--	N/A	3	\$254,000
Winnebago, NE Hospital.....	--	N/A	3	254,000
Ft Defiance, AZ Hospital...	--	N/A	16	1,349,000
Subtotal Staffing.....	--	N/A	+22	+\$1,857,000
TOTAL INCREASES.....	--	N/A	+22	+\$8,833,000
C. <u>Accrued Cost Proposal:</u>				
Personnel Benefits.....	--	N/A	--	\$4,735,000
Other Contractual Services..	--	N/A	--	81,000
Subtotal Accrued Cost.....	--	N/A	--	+\$4,816,000
TOTAL INCREASES.....	--	N/A	+22	+\$13,649,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increases.....	--	N/A	--	-\$2,810,000 ¹
Health Benefit Cost of				
Commissioned Corp Annuitants				
65 and over.....	--	N/A	--	-1,000,000
Subtotal Built In.....	--	N/A	--	-\$3,810,000
TOTAL DECREASES.....	--	N/A	---	-\$3,810,000
NET CHANGE.....	--	N/A	+22	+\$5,023,000

1 The Accrued Retirement Cost of \$4,816,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Mental Health

2002 Final Appropriation	\$48,842,000
(includes additional accrual cost of \$1,700,000)	
 Total estimated budget authority	 \$48,842,000
(Obligations)	(\$48,842,000)
 2003 Estimate (includes additional ..	 \$52,499,000
(includes additional accrual cost of \$1,873,000)	
(Obligations)	<u>(\$52,499,000)</u>
 Net Change	 +\$3,657,000
(Obligations)	(+ \$3,657,000)

	2002 Current Est. Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
<u>INCREASES:</u>				
A. <u>Built In:</u>				
1. Annualization of FY 2002				
CS Pay Raise at 4.6% (3mos)	--	N/A	--	\$186,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos) ..	--	N/A	--	35,000
3. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	526,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months)	--	N/A	--	66,000
5. One Day Pay	--	N/A	--	0
6. Within Grade Increase	--	N/A	--	353,000
7. Tribal Pay Cost	--	N/A	--	765,000
8. Increased Cost of Travel ..	--	293,000	--	6,000
9. Increased Trans of Things ..	--	335,000	--	6,000
10. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	2,369,000	--	92,000
11. Increased Cost of Supplies ..	--	1,706,000	--	54,000
12. Increased Cost of Medical				
or Other Equipment	--	128,000	--	3,000
13. Increased Cost of Grants ..	--	22,013,000	--	859,000
Subtotal Built In	--	N/A	--	<u>+\$2,951,000</u>
B. <u>Phasing In of Staff and</u>				
<u>Operating Cost of New Fac:</u>				
Parker, AZ Hlth Ctr	--	N/A	1	\$94,000
Winnebago, NE Hospital	--	N/A	0	94,000
Ft Defiance, AZ Hospital ..	--	N/A	21	1,961,000
Subtotal Staffing	--	N/A	+22	<u>+\$2,149,000</u>
 TOTAL INCREASES	--	<u>N/A</u>	<u>+22</u>	<u>+\$5,100,000</u>

	2002 Current Est. Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
C. <u>Accrued Cost Proposal:</u>				
Personnel Benefits	--	N/A	--	\$1,842,000
Other Contractual Services	--	N/A	--	31,000
Subtotal Accrued Cost.....	--	N/A	--	+\$1,873,000
TOTAL INCREASES.....	--	N/A	+22	+\$6,973,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increases...	--	N/A	--	-\$1,443,000 ¹
Subtotal Built In.....	--	N/A	--	-\$1,443,000
TOTAL DECREASES.....	--	N/A	--	-\$1,443,000
NET CHANGE.....	--	N/A	+22	+\$3,657,000

1 The Accrued Retirement Cost of \$1,873,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Alcohol & Substance Abuse

2002 Final Appropriation	\$136,036,000
(includes additional accrual cost of \$1,031,000)	
Total estimated budget authority	\$136,036,000
(Obligations)	(\$136,036,000)
2003 Estimate (includes additional ..	\$138,800,000
(includes additional accrual cost of \$1,056,000)	
(Obligations)	<u>(\$138,800,000)</u>
Net Change	+\$2,764,000
(Obligations)	(+ \$2,764,000)

	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
<u>INCREASES:</u>				
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3mos)....	--	N/A	--	\$93,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos)...	--	N/A	--	7,000
3. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	221,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months)	--	N/A	--	13,000
5. One Day Pay	--	N/A	--	0
6. Within Grade Increase	--	N/A	--	180,000
7. Tribal Pay Cost	--	N/A	--	3,344,000
8. Increased Cost of Travel...	--	461,000	--	6,000
9. Increased Trans of Things...	--	85,000	--	2,000
10. Increased Cost of Rents,				
Comm., & Utilities	--	133,000	--	2,000
11. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	19,657,000	--	767,000
12. Increased Cost of Supplies.	--	522,000	--	9,000
13. Increased Cost of Medical				
or Other Equipment	--	781,000	--	15,000
14. Increased Cost of Grants...	--	103,028,000	--	4,018,000
Subtotal Built In	--	N/A	--	<u>+\$8,677,000</u>
TOTAL INCREASES	--	<u>N/A</u>	--	<u>+\$8,677,000</u>

	2002 Current Est. Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
B. <u>Accrued Cost Proposal:</u>				
Personnel Benefits	--	N/A	--	+\$1,038,000
Other Contractual Services	--	N/A	--	18,000
Subtotal Accrual Cost.....	--	N/A	--	+\$1,056,000
TOTAL INCREASES.....	--	N/A	--	+\$9,733,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increases....	--	N/A	--	-\$5,913,000 ¹
Subtotal Built In.....	--	N/A	--	-\$5,913,000
TOTAL DECREASES.....	--	N/A	--	-\$5,913,000
NET CHANGE.....	--	N/A	--	+\$2,764,000

¹ The Accrued Retirement Cost of \$1,056,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Contract Health Services

2002 Final Appropriation	\$460,776,000
Total estimated budget authority (Obligations)	\$460,776,000 (\$460,776,000)
2003 Estimate (includes additional .. (Obligations)	\$468,130,000 <u>(\$468,130,000)</u>
Net Change	+\$7,354,000
(Obligations)	(+ \$7,354,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS Pay Raise at 4.6% (3 mos)...	--	N/A	--	\$1,000
2. FY 2003 Pay Raise of 2.6% (9 months).....	--	N/A	--	54,000
3. Within Grade Increase.....	--	N/A	--	50,000
4. Increased Cost of Travel...	--	16,516,000	--	297,000
5. Increased Trans of Things..	--	54,000	--	1,000
6. Increased Cost of Rents, Comm., & Utilities.....	--	114,000	--	2,000
7. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	218,847,000	--	8,536,000
8. Increased Cost of Supplies.	--	9,741,000	--	380,000
9. Increased Cost of Medical or Other Equipment.....	--	0	--	0
10. Increased Cost of Grants...	--	212,651,000	--	8,293,000
11. Increased Cost of Interest /Dividends.....	--	83,000	--	1,000
Subtotal Built In.....	--	N/A	--	+\$17,615,000
B. Program:				
Contract Health Services...	--	N/A	--	+\$7,351,000
Subtotal Program.....	--	N/A	--	+\$7,351,000
TOTAL INCREASES.....	--	N/A	--	+\$24,966,000
DECREASES:				
A. Built In:				
Absorption of Built-In:				
Pay/Inflation Increases.....	--	N/A	--	-\$17,612,000
Subtotal Built In.....	--	N/A	--	-\$17,612,000
TOTAL DECREASES.....	--	N/A	--	+\$17,612,000
NET CHANGE.....	--	N/A	--	+\$7,354,000

Preventive Health

2002 Final Appropriation	\$101,589,000
(includes additional accrual cost of \$1,865,000)	
Total estimated budget authority	\$101,589,000
(Obligations)	(\$101,589,000)
2003 Estimate (includes additional ..	\$105,252,000
(includes additional accrual cost of \$1,984,000)	
(Obligations)	(\$105,252,000)
Net Change	+\$3,663,000
(Obligations)	(+ \$3,663,000)

	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
INCREASES:				
A. Built In:				
1. Annualization of FY 2002 CS Pay Raise at 4.6% (3mos)....	--	N/A	--	\$165,000
2. Annualization of FY 2002 CO Pay Raise at 6.9% (3 mos)...	--	N/A	--	80,000
3. FY 2003 Pay Raise at 2.6% (9 months).....	--	N/A	--	460,000
4. FY 2003 CO Pay Raise at 4.1% (9 months).....	--	N/A	--	150,000
5. Less One Day Pay.....	--	N/A	--	0
6. Within Grade Increase.....	--	N/A	--	398,000
7. Tribal Pay Cost.....	--	N/A	--	1,589,000
8. Increased Cost of Travel...	--	487,000	--	9,000
9. Increased Trans of Things..	--	959,000	--	17,000
10. Increased Cost of Rent, Utilities, and Comm.....	--	116,000	--	1,000
11. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	1,543,000	--	60,000
12. Increased Cost of Supplies.	--	775,000	--	12,000
13. Increased Cost of Medical or Other Equipment.....	--	669,000	--	12,000
14. Increased Cost of Grants...	--	72,879,000	--	2,686,000
15. Cost of Commissioned Corp Health Benefits & Annuitant 65 and over.....	--	N/A	--	407,000
Subtotal Built In.....	--	N/A	--	+\$6,046,000
B. Phasing In of Staff and Operating Cost of New Fac:				
Parker, AZ Health Center...	--	N/A	1	\$89,000
Winnebago, NE Hospital....	--	N/A	0	470,000
Ft Defiance, AZ Hospital..	--	N/A	11	982,000
Subtotal Staffing.....	--	N/A	12	+\$1,541,000

	2002 Current Est.	Base	Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
TOTAL INCREASES.....	<u>--</u>	<u>N/A</u>	<u>+12</u>	<u>+\$7,587,000</u>
C. <u>Accrued Cost Proposal:</u>				
Personnel Benefits.....	--	N/A	--	\$1,950,000
Other Contractual Services.	--	N/A	--	34,000
Subtotal Accrual Cost.....	--	N/A	--	+\$1,984,000
TOTAL INCREASES.....	<u>--</u>	<u>N/A</u>	<u>+12</u>	<u>+\$9,571,000</u>
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increase.....	--	N/A	--	-\$3,517,000 ¹
Health Benefit Cost of				
Commissioned Corp Annuitants				
65 and over.....	--	N/A	--	-407,000
Subtotal Built In.....	--	N/A	--	-\$3,924,000
TOTAL DECREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>-\$3,924,000</u>
NET CHANGE.....	<u>--</u>	<u>N/A</u>	<u>+12</u>	<u>+\$3,663,000</u>

1 The Accrued Retirement Cost of \$1,984,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Public Health Nursing

2002 Final Appropriation \$39,444,000
(including additional accrual cost of \$1,663,000)

Total estimated budget authority \$39,444,000
(Obligations) (\$39,444,000)

2003 Estimate (includes additional .. \$41,639,000
(including additional accrual cost of \$1,764,000)
(Obligations) (\$41,639,000)

Net Change +\$2,195,000
(Obligations) (+\$2,195,000)

	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
INCREASES:				
A. Built In:				
1. Annualization of FY 2002 CS Pay Raise at 4.6% (3mos)...	--	N/A	--	\$144,000
2. Annualization of FY 2002 CO Pay Raise at 6.9% (3 mos)...	--	N/A	--	73,000
3. FY 2003 Pay Raise at 2.6% (9 months).....	--	N/A	--	399,000
4. FY 2003 CO Pay Raise at 4.1% (9 months).....	--	N/A	--	137,000
5. One Day Pay.....	--	N/A	--	0
6. Within Grade Increase.....	--	N/A	--	351,000
7. Tribal Pay Cost.....	--	N/A	--	1,000
8. Increase of Cost of Travel	--	325,000	--	6,000
9. Increase of Trans Things...	--	877,000	--	16,000
10. Increased Cost of Rent, Utilities, and Comm.....	--	91,000	--	1,000
11. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	693,000	--	27,000
12. Increased Cost of Supplies.	--	635,000	--	11,000
13. Increased Cost of Medical or Other Equipment.....	--	486,000	--	9,000
14. Increased Cost of Grants...	--	14,977,000	--	584,000
15. Cost of Commissioned Corp Health Benefits & Annuitant 65 and over.....	--	N/A	--	366,000
Subtotal Built In.....	--	N/A	--	+\$2,125,000
B. Phasing In of Staff and Operating Cost of New Fac:				
Parker, AZ Health Center...	--	N/A	1	\$89,000
Winnebago, NE Hospital.....	--	N/A	0	444,000
Ft Defiance, AZ Hospital...	--	N/A	9	798,000
Subtotal Staffing.....	--	N/A	+10	+\$1,331,000
TOTAL INCREASES.....	--	N/A	+10	+\$3,456,000

	<u>2002 Current Est. Base</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
C. <u>Accrued Cost Proposal:</u>				
Personnel Benefits.....	--	N/A	--	\$1,734,000
Other Contractual Services.	--	N/A	--	30,000
Subtotal Accrual Cost.....	--	N/A	--	+\$1,764,000
TOTAL INCREASES.....	--	N/A	+10	+\$5,220,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increase.....	--	N/A	--	-\$895,000 ¹
Health Benefit Cost of				
Commissioned Corp Annuitants				
65 and over.....	--	N/A	--	-366,000
Subtotal Built In.....	--	N/A	--	-\$1,261,000
TOTAL DECREASES.....	--	N/A	--	-\$1,261,000
NET CHANGE.....	--	N/A	+10	+\$2,195,000

¹ The Accrued Retirement Cost of \$1,764,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Health Education

2002 Final Appropriation	\$10,830,000
(includes additional accrual cost of \$202,000)	
Total estimated budget authority	\$10,830,000
(Obligations)	(\$10,830,000)
2003 Estimate (includes additional ..	\$11,283,000
(includes additional accrual cost of \$220,000)	
(Obligations)	<u>(\$11,283,000)</u>
Net Change	+\$453,000
(Obligations)	(+ \$453,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3mos)...	--	N/A	--	\$21,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos) ..	--	N/A	--	7,000
3. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	59,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months)	--	N/A	--	13,000
5. One Day Pay	--	N/A	--	0
6. Within Grade Increase	--	N/A	--	45,000
7. Tribal Pay Cost	--	N/A	--	203,000
8. Increased Cost of Travel...	--	112,000	--	2,000
9. Increased Trans of Things..	--	82,000	--	1,000
10. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	245,000	--	10,000
11. Increased Cost of Supplies.	--	65,000	--	1,000
12. Increased Cost of Medical				
or Other Equipment	--	161,000	--	3,000
13. Increased Cost of Grants...	--	7,441,000	--	134,000
14. Cost of Commissioned Corp				
Health Benefits & Annuitant				
65 and over	--	N/A	--	41,000
Subtotal Built In	--	N/A	--	+\$540,000
B. Phasing In of Staff and				
Operating Cost of New Fac:				
Ft Defiance, AZ Hospital...	--	N/A	2	\$184,000
Subtotal Staffing	--	N/A	+2	+\$184,000
TOTAL INCREASES	--	N/A	+2	+\$724,000

	<u>2002 Current Est.</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>Base</u>	<u>FTE</u>	<u>BA</u>
C. <u>Accrued Cost Proposal:</u>				
Personnel Benefits.....	--	N/A	--	\$216,000
Other Contractual Services.	--	N/A	--	4,000
Subtotal Accrual Cost.....	--	N/A	--	<u>+\$220,000</u>
TOTAL INCREASES.....	<u>--</u>	<u>N/A</u>	<u>+2</u>	<u>+\$944,000</u>
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increase.....	--	N/A	--	-\$230,000 ¹
Health Benefit Cost of				
Commissioned Corp Annuitants				
65 and over.....	--	N/A	--	-41,000
Subtotal Built In.....	--	N/A	--	<u>-\$271,000</u>
TOTAL DECREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>-\$271,000</u>
NET CHANGE	<u>--</u>	<u>N/A</u>	<u>+2</u>	<u>+\$453,000</u>

1 The Accrued Retirement Cost of \$220,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Community Health Representatives

2002 Final Appropriation	\$49,789,000
Total estimated budget authority	\$49,789,000
(Obligations)	(\$49,789,000)
2003 Estimate (includes additional ..	\$50,774,000
(Obligations)	(\$50,774,000)
Net Change	+\$985,000
(Obligations)	(+ \$985,000)

	<u>2002 Current Est. Base</u>		<u>Change from Base</u>	
<u>INCREASES:</u>	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
A. <u>Built In:</u>				
1. Tribal Pay Cost.....	--	N/A	--	\$1,343,000
2. Increased Cost of Travel....	--	50,000	--	1,000
3. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	605,000	--	23,000
4. Increased Cost of Grants....	--	48,976,000	--	1,910,000
Subtotal Built In.....	--	N/A	--	+\$3,277,000
B. <u>Phasing In of Staff and Operating Cost of New Fac:</u>				
Winnebago, NE Hospital...	--	N/A	--	\$26,000
Subtotal Staffing.....	--	N/A	--	+\$26,000
TOTAL INCREASES.....	--	N/A	--	+\$3,303,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In: Pay Cost/Inflation Increase.....	--	N/A	--	-\$2,320,000
Subtotal Built In.....	--	N/A	--	-\$2,320,000
TOTAL DECREASES.....	--	N/A	--	-\$2,320,000
NET CHANGE.....	--	N/A	--	+\$985,000

Immunization

2002 Final Appropriation	\$1,526,000
Total estimated budget authority (Obligations)	\$1,526,000 (\$1,526,000)
2003 Estimate (includes additional .. (Obligations)	\$1,556,000 (\$1,556,000)
Net Change	+\$30,000
(Obligations)	(+ \$30,000)

	2002 Current Est. Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
<u>INCREASES:</u>				
A. Built In:				
1. FY 2003 Pay Raise at 2.6% CS (9 months).....	--	N/A	--	\$1,000
2. Within Grade Increase.....	--	N/A	--	1,000
3. Tribal Pay Cost.....	--	N/A	--	42,000
4. Increased Cost of Grants....	--	1,485,000	--	58,000
Subtotal Built In.....	--	N/A	--	+\$102,000
TOTAL INCREASES.....	--	N/A	--	+\$102,000
<u>DECREASES:</u>				
A. Built In:				
Absorption of Built-in:				
Pay/Inflation Increases....	--	N/A	--	\$72,000
Subtotal Built In.....	--	N/A	--	-\$72,000
TOTAL DECREASES.....	--	N/A	--	-\$72,000
NET CHANGE.....	--	N/A	--	+\$30,000

Urban Health

2002 Final Appropriation	\$31,037,000
(includes additional accrual cost of \$90,000)	
Total estimated budget authority	\$31,037,000
(Obligations)	(\$31,037,000)
2003 Estimate (includes additional ..	\$31,620,000
(includes additional accrual cost of \$92,000)	
(Obligations)	<u>(\$31,620,000)</u>
Net Change	+\$583,000
(Obligations)	(+ \$583,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3 mos) ..	--	N/A	--	\$2,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos) ..	--	N/A	--	2,000
3. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	19,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months)	--	N/A	--	4,000
5. One Day Pay	--	N/A	--	0
6. Within Grade Increase	--	N/A	--	16,000
7. Tribal Pay Cost	--	N/A	--	793,000
8. Increased Cost of Travel ..	--	83,000	--	2,000
9. Increased Cost of Rents,				
Comm. & Utilities	--	318,000	--	6,000
10. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	2,383,000	--	92,000
11. Increased Cost of Supplies	--	252,000	--	9,000
12. Increased Cost of Equipment	--	84,000	--	2,000
13. Increased Cost of Grants ..	--	26,803,000	--	1,045,000
Subtotal Built In	--	N/A	--	<u>+\$1,992,000</u>
TOTAL INCREASES	--	N/A	--	<u>+\$1,992,000</u>
B. Accrued Cost Proposal:				
Personnel Benefits	--	N/A	--	\$90,000
Other Contractual Services ..	--	N/A	--	2,000
Subtotal Accrual Cost	--	N/A	--	<u>+\$92,000</u>
TOTAL INCREASES	--	N/A	--	<u>+\$2,084,000</u>

	<u>2002 Current Est Base</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-in:				
Pay/Inflation Increases....	--	--	--	-\$1,409,000 ¹
Subtotal Built In.....	--	--	--	\$1,409,000
TOTAL DECREASES.....	--	<u>N/A</u>	--	<u>-\$1,409,000</u>
NET CHANGE	--	<u>N/A</u>	--	<u>+\$583,000</u>

1 The Accrued Retirement Cost of \$92,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Indian Health Professions

2002 Final Appropriation \$31,273,000
(includes additional accrual cost of \$108,000)

Total estimated budget authority \$31,273,000
(Obligations) (\$31,273,000)

2003 Estimate (includes additional .. \$35,483,000
(includes additional accrual cost of \$110,000)
(Obligations) (\$35,483,000)

Net Change +\$4,210,000
(Obligations) (+\$4,210,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3 mos) ..	--	N/A	--	\$14,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos) ..	--	N/A	--	2,000
3. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	30,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months)	--	N/A	--	3,000
5. One Day Pay	--	N/A	--	0
6. Within Grade Increase	--	N/A	--	27,000
7. Increased Cost of Travel ..	--	143,000	--	3,000
8. Increased Cost of Printing ..	--	64,000	--	1,000
9. Increased Cost of Rent,				
Comm. and Utilities	--	29,000	--	1,000
10. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	212,000	--	8,000
11. Increased Cost of Supplies ..	--	52,000	--	1,000
12. Increased Cost of Grants ..	--	29,111,000	--	1,135,000
Subtotal Built In	--	N/A	--	+\$1,225,000
B. Program Increase:				
Indian Health Profession ...	--	N/A	--	4,150,000
Subtotal Program	--	N/A	--	+\$4,150,000
TOTAL INCREASES	--	N/A	--	+\$5,375,000
B. Accrued Cost Proposal:				
Personnel Benefits	--	N/A	--	\$108,000
Other Contractual Services ..	--	N/A	--	2,000
Subtotal Accrual Cost	--	N/A	--	+\$110,000
TOTAL INCREASES	--	N/A	--	+\$5,485,000

	<u>2002 Current Est. Base</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Inflation Increases.....	--	N/A	--	-\$1,165,000 ¹
Subtotal Built In.....	--	N/A	--	-\$1,165,000
TOTAL DECREASES.....	--	N/A	--	-\$1,165,000
NET CHANGE.....	--	N/A	--	+\$4,210,000

¹ The Accrued Retirement Cost of \$110,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Tribal Management

2002 Final Appropriation	\$2,406,000
Total estimated budget authority	\$2,406,000
(Obligations)	(\$2,406,000)
2003 Estimate (includes additional ..	\$2,406,000
(Obligations)	<u>(\$2,406,000)</u>
Net Change	\$0
(Obligations)	(\$0)

	<u>2002</u>	<u>Current Est. Base</u>	<u>Change from Base</u>	
	<u>FTEs</u>	<u>BA</u>	<u>FTEs</u>	<u>BA</u>
<u>INCREASES:</u>				
A. <u>Built In:</u>				
1. Increased Cost of Health Care Provided Under Contracts & Grants	--	2,000	--	2,000
2. Increased Cost of Grants	--	<u>2,342,000</u>	--	<u>42,000</u>
Subtotal Built In	--	N/A	--	+\$44,000
TOTAL INCREASES	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>+\$44,000</u>
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Inflation Increases	--	N/A	--	-\$44,000
Subtotal Built-In	--	N/A	--	-\$44,000
TOTAL DECREASES	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>-\$44,000</u>
NET CHANGE	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>\$0</u>

Direct Operation

2002 Final Appropriation	\$63,399,000
(including additional accrual cost \$8,875,000)	
Total estimated budget authority	\$63,399,000
(Obligations)	(\$63,399,000)
2003 Estimate (includes additional ..	
(including additional accrual cost \$9,084,000)	\$63,558,000
(Obligations)	(\$63,558,000)
Net Change	
(Obligations)	+\$159,000
	(+ \$159,000)

INCREASES:	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3mos)...	--	N/A	--	\$328,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos) ..	--	N/A	--	88,000
3. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	730,000
4. FY 2003 CO Pay Raise at				
4.1% (9 months)	--	N/A	--	165,000
5. One Day Pay	--	N/A	--	0
6. Within Grade Increase	--	N/A	--	594,000
7. Tribal Pay Cost	--	N/A	--	649,000
8. Increased Cost of Travel ...	--	2,228,000	--	40,000
9. Increased Trans of Things ..	--	243,000	--	4,000
10. Increased cost of Printing.	--	118,000	--	5,000
11. Increased Cost of Rents,				
Comm., & Utilities	--	751,000	--	13,000
12. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	3,256,000	--	127,000
13. Increased Cost of Supplies.	--	348,000	--	6,000
14. Increased Cost of Medical				
or Other Equipment	--	2,523,000	--	45,000
15. Increased Cost of Grants ...	--	11,725,000	--	211,000
16. Increased Cost of Insurance				
/Indemnities	--	78,000	--	1,000
17. Cost of Commissioned Corp				
Health Benefits & Annuitant				
65 and over	--	N/A	--	465,000
Subtotal Built In	--	N/A	--	+\$3,471,000

	2002 Current Est. Base		Changes from Base	
	FTE	BA	FTE	BA
B. <u>Program:</u>				
Information Technology.....	--	N/A	--	\$2,500,000
Subtotal Other.....	--	N/A	--	+\$2,500,000
TOTAL INCREASES.....	--	N/A	--	+\$5,971,000
C. <u>Accrued Cost Proposal:</u>				
Personnel Benefits.....	--	N/A	--	\$8,931,000
Other Contractual Services.	--	N/A	--	153,000
Subtotal Accrual Cost.....	--	N/A	--	+\$9,084,000
TOTAL INCREASES.....	--	N/A	--	+\$15,055,000
<u>DECREASES:</u>				
A. <u>Built In:</u>				
Absorption of Built-In:				
Pay/Inflation Increases.....	--	N/A	--	-\$911,000 ¹
Health Benefit Cost of				
Commissioned Corp Annuitants				
65 and over.....	--	N/A	--	-465,000
Subtotal Built In.....	--	N/A	--	-\$1,376,000
B. <u>Program:</u>				
Management Reduction.....	--	N/A	--	\$4,436,000
Subtotal Program.....	--	N/A	--	-\$4,436,000
TOTAL DECREASES.....	--	N/A	--	-\$5,812,000
NET CHANGE.....	--	N/A	--	+\$159,000

1 The Accrued Retirement Cost of \$9,084,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Self-Governance

2002 Final Appropriation \$9,924,000
(includes additional accrual cost of \$48,000)

Total estimated budget authority
(Obligations) \$9,924,000
(\$9,924,000)

2003 Estimate (includes additional .. \$10,138,000
(includes additional accrual cost of \$49,000)
(Obligations) (\$10,138,000)

Net Change +214,000
(Obligations) (+\$214,000)

	2002 Current Est. Base		Change from Base	
	FTE	BA	FTE	BA
<u>INCREASES:</u>				
A. Built In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6% (3 mos) ..	--	N/A	--	\$14,000
2. FY 2003 Pay Raise at 2.6%				
(9 months)	--	N/A	--	21,000
3. Tribal Pay Cost	--	N/A	--	228,000
4. Within Grade Increase	--	N/A	--	18,000
5. Increased Cost of Travel ..	--	308,000	--	6,000
7. Increased Cost of Health Care Provided Under				
Contracts & Grants	--	260,000	--	10,000
9. Increased Cost of Medical or Other Equipment	--	94,000	--	2,000
10. Increased Cost of Grants ..	--	7,602,000	--	296,000
11. Increased Cost of Insurance /Indemnities	--	585,000	--	11,000
Subtotal Built-In	--	N/A	--	+\$606,000
TOTAL INCREASES	--	N/A	--	+\$606,000
C. Accrued Cost Proposal:				
Personnel Benefits	--	N/A	--	\$48,000
Other Contractual Services ..	--	N/A	--	1,000
Subtotal Accrual Cost	--	N/A	--	+\$49,000
TOTAL INCREASES	--	N/A	--	+\$655,000

	<u>2002 Current Est. Base</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
DECREASES:				
A. Built In:				
Absorption of Built-In:				
Pay/Inflation Increases....	--	N/A	--	-\$392,000 ¹
Subtotal Built In.....	--	N/A	--	-\$392,000
TOTAL DECREASES.....	--	N/A	--	-\$392,000
NET CHANGE.....	--	N/A	--	+\$214,000

1 The Accrued Retirement Cost of \$49,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these cost.

Contract Support Costs

2002 Final Appropriation	\$268,234,000
Total estimated budget authority	\$268,234,000
(Obligations)	(\$268,234,000)
2003 Estimate (includes additional ..	\$270,734,000
(Obligations)	<u>(\$270,734,000)</u>
Net Change	+\$2,500,000
(Obligations)	(+ \$2,500,000)

<u>INCREASES:</u>	<u>2002 Current Est. Base</u>	<u>Change from Base</u>
	<u>FTE</u> <u>BA</u>	<u>FTE</u> <u>BA</u>
A. <u>Program:</u>		
Contract Support Cost.....	-- <u>N/A</u>	-- <u>2,500,000</u>
Subtotal Program.....	-- <u>N/A</u>	-- <u>+\$2,500,000</u>
TOTAL INCREASES.....	<u>--</u> <u>N/A</u>	<u>--</u> <u>+\$2,500,000</u>
NET CHANGE.....	<u>--</u> <u>N/A</u>	<u>--</u> <u>+\$2,500,000</u>

EXHIBIT F

INDIAN HEALTH SERVICE
Indian Health Facilities
SUMMARY OF CHANGES

2002 Final Appropriation.	\$377,018,000
(includes additional accrual costs of \$7,531,000)	
Total estimated budget authority	\$377,018,000
(Obligations)	(\$377,018,000)
2003 Estimate	\$370,475,000
(includes additional accrual costs of \$7,904,000)	
(Obligations)	(\$370,475,000)
Net Change	-\$6,543,000
(Obligations)	(\$6,543,000)

INCREASES:	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
A. Built-In:				
1. Annualization of FY 2002 CS				
at 4.6% Pay Raise.....	--	N/A	--	\$547,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos.).....	--	N/A	--	373,000
3. FY 2003 CS Pay Raise at				
2.6% (9 mos.).....	--	N/A	--	1,454,000
4. FY 2003 Comm. Corp. Pay				
Raise at 4.1% (9 mos.).....	--	N/A	--	700,000
5. Within Grade Increase.....	--	N/A	--	1,380,000
6. Tribal Pay Cost.....	--	N/A	--	1,185,000
7. Increased Cost of Travel.....	--	2,650,000	--	48,000
8. Increased Cost of Trans				
of Things.....	--	2,794,000	--	50,000
9. Increased Cost of Printing.....	--	124,000	--	5,000
10. Increased Cost of Rents,				
Comm., Utilities.....	--	12,424,000	--	229,000
11. Increased Cost of Health				
Care Provided Under				
Contracts and Grants.....	--	160,664,000	--	2,539,000
12. Increased Cost of Supplies.....	--	8,237,000	--	157,000
13. Increased Cost of Medical				
or Other Equipment.....	--	5,826,000	--	109,000
15. Increased Cost of Land &				
Structure.....	--	14,459,000	--	261,000
16. Increased Cost of Grants.....	--	83,048,000	--	3,240,000
17. Increased Cost of Insurance/				
Indemnities.....	--	20,000	--	0
18. Interest/Dividends.....	--	1,042,000	--	19,000
19. Cost of Comm. Corp Health Benefits				
& Annuitant 65 & over.....	--	0	--	1,383,000
Subtotal Built-in.....	--	N/A	--	+\$13,679,000

	FY 2002 Current		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
B. Phasing-in of Staff and Operating Cost of New Fac:				
Ft Defiance,AZ Hospital.....	--	N/A	+14	1,651,000
Parker,AZ Health Center.....	--	N/A	0	106,000
Winnebago,NE Hospital.....	--	N/A	4	554,000
Subtotal Built-In.....	--	N/A	+18	<u>+\$2,311,000</u>
C. Maintenance & Improvement.....	--	N/A	--	<u>+\$1,000,000</u>
TOTAL INCREASES.....	--	N/A	+18	<u>+\$16,990,000</u>
D. <u>Accrual Cost Proposal:</u>				
Accrued Retirement Costs.....	--	N/A	--	<u>\$7,904,000</u>
TOTAL INCREASES.....	--	N/A	+18	<u>+\$24,894,000</u>
DECREASE:				
A. <u>Built-In:</u>				
Absorption of Pay & Inflation				
Increases.....	--	N/A	--	-\$7,890,000 ¹
Non-recurring Funds.....	--	N/A	--	-14,260,000
Health Benefit cost of Comm.				
Corp Annuitants 65 & over.....	--	N/A	--	-1,383,000
Subtotal Built-in.....	--	N/A	--	<u>-\$23,533,000</u>
TOTAL DECREASES.....	--	N/A	--	<u>\$23,533,000</u>
NET CHANGE	--	N/A	+18	<u>+\$6,543,000</u>

¹/The Accrued Retirement Cost of \$7,864,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these costs.

Maintenance & Improvement

2002 Final Appropriation	\$46,331,000
Total estimated budget authority (Obligations)	\$46,331,000 (\$46,331,000)
2003 Estimate	\$47,331,000
(Obligations)	(\$47,331,000)
Net Change	+\$1,000,000
(Obligations)	(+ \$1,000,000)

	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
INCREASES:				
A. Built-In:				
1. Increased Cost of Travel...	--	127,000	--	\$2,000
2. Increased Trans of Things..	--	40,000	--	1,000
3. Increased Cost of Printing.	--	4,000	--	0
4. Increased Cost of Rents, Comm., & Utilities.....	--	1,000	--	0
5. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	16,243,000	--	300,000
6. Increased Cost of Supplies.	--	3,676,000	--	71,000
7. Increased Cost of Medical or Other Equipment.....	--	1,229,000	--	25,000
8. Increased Cost of Land Structure.....	--	1,973,000	--	36,000
9. Increased Cost of Grants...	--	22,000	--	858,000
10. Interest/Dividends.....	--	1,038,000	--	19,000
Subtotal Built-In.....	--	N/A	--	+\$1,312,000
B. Maintenance & Improvement.....	--	N/A	--	+\$1,000,000
TOTAL INCREASES.....	--	N/A	--	+\$2,312,000
DECREASE:				
A. Built-In:				
Absorption of Inflation Increases.....	--	N/A	--	-\$1,312,000
Subtotal Built-in.....	--	N/A	--	-\$1,312,000
TOTAL DECREASE.....	--	N/A	--	-\$1,312,000
NET CHANGE.....	--	N/A	--	+\$1,000,000

Sanitation Facilities

2002 Appropriation	\$94,990,000
(includes additional accrual costs of \$1,163,000)	
 Total estimated budget authority	 \$94,990,000
(Obligations)	(\$94,990,000)
 2003 Estimate	 \$95,185,000
(includes additional accrual costs of \$1,166,000)	
(Obligations)	<u>(\$95,185,000)</u>
 Net Change	 +\$195,000
(Obligations)	(+ \$195,000)

	FY 2002 Current		Change from Base	
	Estimate	Base		
	FTE	BA	FTE	BA
<u>INCREASES:</u>				
<u>A. Built-In:</u>				
1. Annualization of FY 2002 at				
4.6% Pay Raise.....	--	N/A	--	\$42,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos.)	--	N/A	--	1,000
3. FY 2003 Pay Raise at 2.6%				
(9 mos.).....	--	N/A	--	169,000
4. FY 2003 Comm. Corp. Pay				
Raise at 4.1% (9 mos.)..	--	N/A	--	2,000
5. Within Grade Increase.....	--	N/A	--	120,000
6. Increased Cost of Travel...	--	151,000	--	3,000
7. Increased Trans of Things..	--	518,000	--	9,000
8. Increased Cost of Printing.	--	27,000	--	1,000
9. Increased Cost of Rents,				
Comm., Utilities.....	--	149,000	--	3,000
10. Increased Cost of Health				
Care Provided Under				
Contracts & Grants.....	--	45,875,000	--	1,786,000
11. Increased Cost of Supplies.	--	708,000	--	13,000
12. Increased Cost of Equip....	--	182,000	--	3,000
13. Increased Cost of Land				
Structure.....	--	12,319,000	--	222,000
14. Increased Cost of Grants...	--	27,148,000	--	1,059,000
15. Increased Cost of Interest				
/Dividends.....	--	2,000	--	0
Subtotal Built-In.....	--	N/A	--	+\$3,433,000
 TOTAL INCREASES.....	--	N/A	--	<u>+\$3,433,000</u>

	FY 2002 Current Estimate Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
B. <u>Accrual Cost Proposal:</u>				
Accrued Retirement Costs.....	--	N/A	--	+\$1,202,000
TOTAL INCREASES.....	--	N/A	--	+\$4,635,000
DECREASE:				
C. <u>Built-In:</u>				
Absorption of Pay & Inflation				
Increases.....	--	N/A	--	-\$3,238,000
Subtotal Built-in.....	--		--	-\$3,238,000
TOTAL DECREASES.....	--	N/A	--	-\$3,238,000
NET CHANGE	--	N/A	--	+\$195,000

Healthcare Facilities Construction

2002 Appropriation	\$86,260,000
Total estimated budget authority	\$86,260,000
(Obligations)	(\$86,260,000)
2003 Estimate	\$72,000,000
(Obligations)	<u>(\$72,000,000)</u>
Net Change	-\$14,260,000
(Obligations)	(-\$14,260,000)

	FY 2002 Current Estimate Base		Change from Base	
DECREASES:	FTE	BA	FTE	BA
A. Built-In:				
Non-recurring Funds.....	--	N/A	--	-\$14,260,000
Subtotal Built-In.....	--	N/A	--	<u>-\$14,260,000</u>
 TOTAL DECREASE.....	 <u>--</u>	 <u>N/A</u>	 <u>--</u>	 <u>-\$14,260,000</u>
 NET CHANGE.....	 <u>--</u>	 <u>N/A</u>	 <u>--</u>	 <u>-\$14,260,000</u>

Facilities and Health Environmental Health Support

2002 Appropriation.	\$133,143,000
(includes additional accrual costs of \$6,368,000)	
Total estimated budget authority	\$133,143,000
(Obligations)	(\$133,143,000)
2003 Estimate	\$139,665,000
(includes additional accrual costs of \$6,702,000)	
(Obligations)	<u>(\$139,665,000)</u>
Net Change	+\$6,522,000
(Obligations)	(+ \$6,522,000)

	FY 2002 Current Estimate Base		Change from Base	
INCREASES:	FTE	BA	FTE	BA
A. Built-In:				
1. Annualization of CS FY 2002 Pay				
Raise at 4.6%.....	--	N/A	--	\$505,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3 mos.).....	--	N/A	--	372,000
3. FY 2003 CS Pay Raise at 2.6%				
(9 mos.).....	--	N/A	--	1,285,000
4. FY 2003 Comm. Corp. Pay				
Raise at 4.1% (9 mos.).....	--	N/A	--	698,000
5. Within Grade Increase.....	--	N/A	--	1,260,000
6. Tribal Pay Cost.....	--	N/A	--	1,185,000
7. Increased Cost of Travel.....	--	2,372,000	--	43,000
8. Increased Trans of Things.....	--	2,236,000	--	40,000
9. Increased cost of Printing.....	--	93,000	--	4,000
10. Increased Cost of Rents, Comm.				
Comm., & Utilities.....	--	12,274,000	--	226,000
11. Increased Cost of Health Care				
Provided Under Contracts &				
Grants.....	--	10,534,000	--	384,000
12. Increased Cost of Supplies.....	--	3,853,000	--	73,000
13. Increased Cost of Medical				
or Other Equipment.....	--	610,000	--	13,000
14. Increased Cost of Land &				
Structure.....	--	167,000	--	3,000
15. Increased Cost of Grants.....	--	23,163,000	--	904,000
16. Increased Cost of Interest				
/Dividends.....	--	2,000	--	0
17. Cost of Comm. Corp. Health				
Benefits & Annuitants 65 & over..	--	0	--	1,383,000
Subtotal Built-In.....	--	N/A	--	<u>+ \$8,378,000</u>

	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
B. Phasing-in of Staff and Operating Cost of New Fac:				
Ft. Defiance, AZ Hospital....	--	N/A	+14	+\$1,651,000
Parker, AZ Health Center.....	--	N/A	--	1,823,000
Winnebago, NE Hospital.....	--	N/A	+4	544,000
Subtotal Built-in.....	--	N/A	+18	+\$2,311,000
TOTAL INCREASES.....	--	N/A	--	+\$10,689,000
C. Accrued Cost Proposal:				
Accrued Retirement Costs....	--	N/A	--	\$6,702,000 ¹
TOTAL INCREASES.....	--	N/A	--	+\$17,391,000
DECREASES:				
A. Built-In:				
Absorption of Pay & Inflation Increases.....	--	N/A	--	-\$2,784,000
Health Benefit cost of Comm.				
Corp Annuitants 65 & over.....	--	N/A	--	-\$1,383,000
Subtotal Built-in.....	--	N/A	--	-\$4,167,000
TOTAL DECREASES.....	--	N/A	--	-\$4,167,000
NET CHANGE.....	--	N/A	+8	+\$6,522,000

^{1/}The Accrued Retirement Cost of \$6,702,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these costs.

Facilities Health Support

2002 Appropriation.	\$66,293,000
(includes additional accrual costs of \$3,256,000)	
Total estimated budget authority	\$66,293,000
(Obligations)	(\$66,293,000)
2003 Estimate	\$70,336,000
(includes additional accrual costs of \$3,466,000)	
(Obligations)	<u>(\$70,336,000)</u>
Net Change	+\$4,043,000
(Obligations)	(+ \$4,043,000)

	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
INCREASES:				
A. Built-In:				
1. Annualization of CS FY 2002 Pay				
Raise at 4.6%	--	N/A	--	\$234,000
2. Annualization FY 2002 Comm. Corp.				
Pay Raise at 6.9% (3 mos.)	--	N/A	--	172,000
3. FY 2003 CS Pay Raise at 2.6%				
(9 mos.)	--	N/A	--	596,000
4. FY 2003 Comm. Corp. Pay Raise				
at 4.1% (9 mos.)	--	N/A	--	323,000
5. Within Grade Increase	--	N/A	--	584,000
6. Tribal Pay Cost	--	N/A	--	549,000
7. Increased Cost of Travel	--	568,000	--	10,000
8. Increased Trans of Things	--	716,000	--	13,000
9. Increased cost of Printing	--	29,000	--	1,000
10. Increased Cost of Rents, Comm.				
Comm., & Utilities	--	10,970,000	--	197,000
11. Increased Cost of Health Care				
Provided Under Contracts &				
Grants	--	7,860,000	--	295,000
12. Increased Cost of Supplies	--	2,666,000	--	50,000
13. Increased Cost of Medical or Other				
Equipment	--	407,000	--	9,000
14. Increased Cost of Land &				
Structure	--	145,000	--	3,000
15. Increased Cost of Grants	--	6,554,000	--	256,000
16. Increased Cost of Insurance/				
Indemnities	--	20,000	--	0
17. Increased Cost of Interest/				
Dividends	--	2,000	--	0
18. Cost of Comm. Corp. Health Benefits				
& Annuitants 65 & over	--	0	--	709,000
Subtotal Built-In	--	N/A	--	<u>+\$4,001,000</u>

	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
C. <u>Phasing-in of Staff and</u> <u>Operating Cost of New Fac:</u>				
Ft. Defiance, AZ Hospital.....	--	N/A	+11	+\$1,432,000
Parker, AZ Health Center.....	--	N/A	--	106,000
Winnebago, NE Hospital.....	--	N/A	+4	544,000
Subtotal Built-in.....	--	N/A	+15	<u>+\$2,092,000</u>
TOTAL INCREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>+\$6,093,000</u>
C. <u>Accrued Cost Proposal:</u>				
Accrued Retirement Costs....	--	N/A	--	<u>\$3,466,000¹</u>
TOTAL INCREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>+\$9,559,000</u>
DECREASES:				
A. <u>Built-In:</u>				
Absorption of Pay & Inflation Increases.....	--	N/A	--	-\$1,341,000
Health Benefit cost of Comm.				
Corp Annuitants 65 & over.....	--	N/A	--	-\$709,000
Subtotal Built-in.....	--	N/A	--	<u>-\$2,050,000</u>
TOTAL DECREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>-\$2,050,000</u>
NET CHANGE.....	<u>--</u>	<u>N/A</u>	<u>+15</u>	<u>+\$4,043,000</u>

¹/The Accrued Retirement Cost of \$\$6,702,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these costs.

Environmental Health Support

2002 Appropriation.	\$55,486,000
(includes additional accrual costs of \$2,629,000)	
Total estimated budget authority	\$55,486,000
(Obligations)	(\$55,486,000)
2003 Estimate	\$57,571,000
(includes additional accrual costs of \$2,737,000)	
(Obligations)	(\$57,571,000)
Net Change	+\$2,085,000
(Obligations)	(+ \$2,085,000)

	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
<u>INCREASES:</u>				
A. Built-in:				
1. Annualization of CS FY 2002 Pay				
Raise at 4.6%.....	--	N/A	--	\$224,000
2. Annualization of CO FY 2002				
Pay Raise at 6.9%(9 mos).....	--	N/A	--	165,000
3. FY 2003 CS Pay Raise at				
2.6% (9 mos.).....	--	N/A	--	569,000
4. FY 2003 CO Pay Raise at				
4.1% (9 mos).....	--	N/A	--	309,000
5. Within Grade Increase.....	--	N/A	--	558,000
6. Tribal Pay Cost.....	--	N/A	--	525,000
7. Increased Cost of Travel.....	--	1,192,000	--	22,000
8. Increased Trans of Things.....	--	1,452,000	--	26,000
9. Increased cost of Printing.....	--	40,000	--	2,000
10. Increased Cost of Rents, Comm.,				
& Utilities.....	--	465,000	--	10,000
11. Increased Cost of Health Care				
Provided Under Contracts &				
Grants.....	--	765,000	--	28,000
12. Increased Cost of Supplies.....	--	1,059,000	--	21,000
13. Increased Cost of Land &				
Structure.....	--	22,000	--	0
14. Increased Cost of Grants.....	--	16,225,000	--	633,000
15. Cost of Comm. Corp. Health				
Benefits & Annuitants 65 & over....	--	0	--	564,000
Subtotal Built-In.....	--	N/A	--	+\$3,656,000

	FY 2002 Current		Change from Base	
	Estimate	Base	FTE	BA
	FTE	BA	FTE	BA
B. <u>Phasing-in of Staff and Operating</u>				
<u>Cost of New Fac:</u>				
Ft. Defiance, AZ Hospital.....	--	N/A	+3	+\$219,000
Subtotal Built-in.....	--	N/A	+3	+\$219,000
TOTAL INCREASES.....	--	N/A	+3	+\$3,875,000
C. <u>Accrual Cost Proposal:</u>				
Accrued Retirement Costs.....	--	N/A	--	\$2,737,000
TOTAL INCREASES.....	--	N/A	+3	+\$6,612,000
<u>DECREASES:</u>				
A. <u>Built-in:</u>				
Absorption of Pay & Inflation Incr....	--	--	--	\$1,226,000 ¹
Health Benefit cost of Comm. Corp				
Annuitants 65 & over.....	--	N/A	--	-\$564,000
Subtotal Built-in.....	--	N/A	--	-\$1,790,000
TOTAL DECREASES.....	--	N/A	--	-\$1,790,000
NET CHANGE.....	--	N/A	+3	+\$2,085,000

¹/The Accrued Retirement Cost of \$2,737,000 which is proposed for FY 2003 are fully funded in this Budget Request. There is no absorption of these costs.

Office of Environmental Health And Engineering Support

2002 Appropriation. \$11,364,000
includes additional accrual costs of \$483,000)

Total estimated budget authority (\$11,364,000)
(Obligations)

2003 Estimate \$11,758,000
(includes additional accrual costs of \$499,000)
(Obligations) (\$11,758,000)

Net Change +\$394,000
(Obligations) (+\$394,000)

	FY 2002 Current Estimate Base		Change from Base	
	FTE	BA	FTE	BA
INCREASES:				
A. Built-In:				
1. Annualization of FY 2002 CS				
Pay Raise at 4.6%	--	N/A	--	+\$47,000
2. Annualization of FY 2002 CO				
Pay Raise at 6.9% (3mos.)...	--	N/A	--	35,000
3. FY 2003 CS Pay Raise at 2.6%				
(9 mos.).....	--	N/A	--	120,000
4. FY 2003 CO Pay Raise at				
4.1% (9 mos.).....	--	N/A	--	66,000
5. Within Grade Increase	--	N/A	--	118,000
6. Tribal Pay Cost	--	N/A	--	111,000
7. Increased Cost of Travel	--	612,000	--	11,000
8. Increased Trans of Things	--	68,000	--	1,000
9. Increased cost of Printing ...	--	24,000	--	1,000
10. Increased Cost of Rents,				
Comm., & Utilities	--	837,000	--	19,000
11. Increased Cost of Health				
Care Provided Under				
Contracts & Grants	--	1,909,000	--	61,000
12. Increased Cost of Supplies ...	--	128,000	--	2,000
13. Increased Cost of Medical				
or Other Equipment	--	203,000	--	4,000
14. Increased Cost of Grants	--	384,000	--	15,000
15. Cost of Comm. Corp. Health				
Benefits & Annuitants 65 &				
Over.....	--	N/A	--	110,000
Subtotal Built-In	--	N/A	--	+\$721,000
B. Accrual Cost Proposal:				
Accrued Retirement Costs....	--	N/A	--	+\$499,000
Total Increases.....	--	N/A	--	<u>+\$1,220,000</u>

	FY 2002 Current Estimate Base		Change from Base	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
<u>DECREASE:</u>				
A. Absorption of Pay &				
Inflation Increases.....	--	N/A	--	-\$217,000
Health Benefit cost of				
Comm. Corp Annuitants 65 &				
Over.....	--	N/A	--	<u>-\$110,000</u>
Subtotal Built-in.....	--	N/A	--	
TOTAL DECREASES.....	--	N/A	--	<u>-\$327,000</u>
NET CHANGE.....	--	N/A	--	<u>+\$394,000</u>

Equipment

2002 Appropriation.	\$16,294,000
Total estimated budget authority	\$16,294,000
(Obligations)	(\$16,294,000)
2003 Estimate	\$16,294,000
(Obligations)	<u>(\$16,294,000)</u>
Net Change	\$0
(Obligations)	(\$0)

	<u>FY 2002 Current</u> <u>Estimate Base</u>		<u>Change from Base</u>	
	<u>FTE</u>	<u>BA</u>	<u>FTE</u>	<u>BA</u>
<u>INCREASES:</u>				
A. <u>Built-In:</u>				
1. Increased Cost of Health Care Provided Under Contracts & Grants.....	--	1,752,000	--	\$69,000
2. Increased Cost of Medical or other Equipment.....	--	3,805,000	--	68,000
3. Increased Cost of Grants.	--	<u>10,737,000</u>	--	<u>419,000</u>
Subtotal Built-In.....	--	N/A	--	+\$556,000
TOTAL INCREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>+\$556,000</u>
<u>DECREASES:</u>				
A. Built-in				
Absorption of Built-in Increases.....	--	N/A	--	-\$556,000
Subtotal Built-In.....	--	N/A	--	\$556,000
TOTAL DECREASES.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>-\$589,000</u>
NET CHANGE.....	<u>--</u>	<u>N/A</u>	<u>--</u>	<u>\$0</u>

INDIAN HEALTH SERVICES
Budget Authority by Activity
(Dollars in Thousands)

FILE: O:\DRM\BFPB\FY2003\CONGLSUBM\EXHIBIT G

1/31/2002

	2001 Actual		2002 Appropriation		2003 Estimate	
	FTE	Amount	FTE	Amount	FTE	Amount
<u>SERVICES:</u>						
Hospitals & Health Clinics	6,687	\$1,121,169	6,781	\$1,193,704	6,840	\$1,230,147
Dental Services	749	95,208	767	99,878	789	104,901
Mental Health	279	46,579	285	48,842	307	52,499
Alcohol & Substance Abuse	173	131,221	173	136,036	173	138,800
Contract Health Services	0	445,773	0	460,776	0	468,130
Total Clinical Services	7,888	1,839,950	8,006	1,939,236	8,109	1,994,477
Public Health Nursing	274	37,646	279	39,444	289	41,639
Health Education	31	10,236	34	10,830	36	11,283
Comm. Health Reps.	0	48,061	0	49,789	0	50,774
Immunization AK	0	1,471	0	1,526	0	1,556
Total Preventive Health	305	97,414	313	101,589	325	105,252
Urban Health	5	29,927	5	31,037	5	31,620
Indian Health Professions	21	30,587	21	31,273	21	35,483
Tribal Management	0	2,406	0	2,406	0	2,406
Direct Operations	1,483	60,519	1,483	63,399	1,433	63,558
Self-Governance	8	9,848	8	9,924	8	10,138
Contract Support Cost	0	248,234	0	268,234	0	270,734
Total Services	9,710	2,318,885	9,836	2,447,098	9,901	2,513,668
<u>FACILITIES:</u>						
Maintenance & Improvement	0	46,331	0	46,331	0	47,331
Sanitation Facilities:	195	94,708	195	94,990	195	95,185
Construction Facilities	0	85,525	0	86,260	0	72,000
Facil. & Envir. H. Supp.	1,065	127,265	1,073	133,143	1,091	139,665
Equipment	0	16,294	0	16,294	0	16,294
Total Facilities	1,260	\$370,123	1,268	\$377,018	1,286	\$370,475
Total IHS	10,970	\$2,689,008	11,104	\$2,824,116	11,187	\$2,884,143

HEALTH AND HUMAN SERVICES

INDIAN HEALTH SERVICE

Budget Authority by Object

(Dollars in Thousands)

	1/31/2002		
FILE: O:\DFMBFB\FY2003\CONGL SUBM\Exhibit H	2002	2003	Increase or
	Appropriation	Estimate	Decrease
Full-time equivalent employment	14,824	14,958	134
Full-time equivalent of overtime and holiday hours	434	434	0
Average SES salary	\$0	\$0	\$0
Average GS grade	10,299.00	10,399.00	100
Average GS salary	\$0	\$0	\$0
Personnel Compensations:			
Full-Time Permanent(11.1)	461,104	482,781	21,677
Other than Full-Time Permanent(11.3)	22,775	23,745	970
Other Personnel Comp.(11.5)	36,779	38,426	1,647
Special Personnel Services Payment (11.8)	125	127	2
Total Personnel Compensation	520,783	545,079	24,294
Civilian Personnel Benefits(12.1)	138,258	144,833	6,575
Benefits to Former Personnel(13.0)	12,232	12,750	518
Subtotal Pay Costs, Current Law	671,273	702,662	31,387
Personnel Benefits, Accrued Retirement Cost	64,706	67,423	2,717
Subtotal Pay Cost, Proposed Law	735,979	770,085	34,104
Travel(21.0)	31,997	29,100	(2,897)
Transportation of Things(22.0)	10,601	10,647	46
Rental Payments to GSA(23.1)	4,077	4,083	6
Rental Payments to Others(23.2)	7,358	7,371	13
Communications, Utilities and Miscellaneous Charges (23.3)	32,484	33,497	1,013
Printing and Reproduction(24.0)	978	980	2
Other Contractual Services:			
Advisory and Assistance Services(25.1)	8,990	9,008	18
Other Services(25.2)	210,708	197,645	(13,063)
Purchases from Govt. Accts.(25.3)	7,679	7,688	9
Operation and Maintenance of Facilities(25.4)	8,504	8,545	41
Research and Development Contracts(25.5)	845	850	5
Medical Care(25.6)	231,710	231,750	40
Operation and Maintenance of Equipment(25.7)	5,801	5,818	17
Substance and Support of Persons(25.8)	2,072	2,071	(1)
Subtotal Other Contractual Services	476,309	463,375	(12,934)
Purchase of Goods & Services from Government Accounts, Accrued Retirement Costs	1,108	1,152	44
Subtotal, Other Contractual Services, Proposed Law	477,417	477,417	464,527
Supplies and Materials(26.0)	109,512	109,767	255
Equipment(31.0)	25,219	25,270	51
Land and Structures(32.0)	15,329	15,335	6
Grants, Subsidies and Contributions(41.0)	1,370,627	1,410,942	40,315
Insurance Claims and indemnities(42.0)	1,407	1,408	1
Interests and Dividends(43.0)	1,131	1,131	0
Subtotal Non-Pay Costs, Current Law	2,087,029	2,112,906	25,877
Non-Pay Accrued Retirement Costs	1,108	1,152	44
Subtotal Non-Pay Cost, Proposed Law	2,088,137	2,114,058	25,921
Total Budget Authority by Object Class, Current Law	2,758,302	2,815,568	26,395
Total Accrued Retirement Costs	65,814	68,575	2,761
Total Budget Authority by Object Class, Proposed Law	2,824,116	2,884,143	29,156

HEALTH AND HUMAN SERVICES INDIAN HEALTH SERVICE

Salaries and Expense
BY Budget Authority
(Dollars in Thousands)

1/31/2002

FILE: O:\DFM\BFPB\FY2003\CONGL SUBM\Exhibit I (S&E)

Object Class	FY 2002 Appropriation	FY 2003 Estimate	Increase or Decrease
Direct Obligations:			
Personnel Compensation:			
Full-Time Permanent(11.1).....	461,104	482,781	21,677
Other than Full-Time Permanent(11.3).....	22,775	23,745	970
Other Personnel Comp.(11.5).....	36,779	38,426	1,647
Special Personnel Services Payments (11.8).....	125	127	2
Total Personnel Compensation	520,783	545,079	24,296
Civilian Personnel Benefits(12.1).....	138,258	144,833	6,575
Benefits to Former Personnel(13.0).....	12,232	12,750	518
Subtotal Pay Costs Current Law	671,273	702,662	31,389
Personnel Benefits, Accrued Retirement Costs (12.1)	64,706	67,423	2,717
Subtotal Pay Costs Proposed Law	735,979	770,085	34,106
Travel(21.0).....	15,481	12,584	(2,897)
Transportation of Things(22.0).....	10,601	10,647	46
Rental Payments to Others(23.2).....	7,358	7,371	13
Communications, Utilities and			
Miscellaneous Charges(23.3).....	32,484	33,497	1,013
Printing and Reproduction(24.0).....	978	980	2
Other Contractual Services:			
Advisory and Assistance Services(25.1).....	8,990	9,008	18
Other Services(25.2).....	191,836	177,741	(14,095)
Purchases from Govt. Accts.(25.3).....	7,679	7,688	9
Operation and Maintenance of Facilities(25.4).....	8,504	8,545	41
Research and Development Contracts(25.5).....	845	850	5
Medical Care(25.6).....	0	0	0
Operation and Maintenance of Equipment(25.7)...	5,801	5,818	17
Subsistence and Support of Persons(25.8).....	2,072	2,071	(1)
Subtotal Other Contractual Services Current Law	225,727	211,721	(14,006)
Prurchases of Goods and Serviced from Government			
Accounts, Accrued Retirement Costs (25.3).....	1,108	1,152	44
Subtotal Other Contractual Services Proposed Law	226,835	212,873	(13,962)
Supplies and Materials(26.0).....	109,512	109,767	255
Subtotal Non-Pay Costs Current Law	292,629	276,800	(29,492)
Non-Pay Accrued Retirement Cost.....	1,108	1,152	44
Subtotal Non-Pay Costs Proposed Law	293,737	277,952	(29,448)
Total Current Law Salaries and Expenses	963,902	979,462	1,897

EXHIBIT J

SIGNIFICANT ITEMS IN HOUSE, SENATE, AND CONFERENCE APPROPRIATIONS COMMITTEE REPORTS

2002 House Appropriations Committee Report Language (107-103)

Contract Support Costs - The Committee continues to be concerned by the disparate treatment of contract support costs by the various agencies, especially the differences between the Bureau of Indian Affairs and the Indian Health Service.

Action Taken or To Be Taken

It is expected that a working group consisting of representatives from OMB, Interior, HHS, IHS, BIA and OIG will be established. This working group will identify the policy and administrative differences between IHS and BIA contract support cost policies and work towards getting the best CSC policies and procedures in place in each agency.

Direct Contract Costs - . . . the Committee continues to be concerned that the Indian Health Service independently elected to pay these optional costs several years ago without justifying the need for these funds through the Office of Management and Budget and Congressional budget processes.

Action Taken or To Be Taken

Section 106(a)(3) of P.L. 93-638, the Indian Self-Determination and Education Assistance Act, defines CSC that are eligible for reimbursement. These costs are:

- Reasonable costs for activities which must be carried on by the Indian tribe or tribal organization as a contractor/compactor to ensure compliance with the terms of the contract and prudent management.
- Costs which are reasonable, necessary and allowable cost of the contractor/compactor which are allocable to the contractor/compactor based on applicable Federal cost principles; and
- Costs which are not provided for under the allocation of program funds available for the contract/compact as defined in P.L. 93-638, as amended, Section 106(a)(1); and
- Treated as either **direct** [emphasis added] or indirect by the contractor/compactor based on applicable cost principles and the contractor/compactor's cost allocation policy.

Direct CSC (DCSC) are both non-recurring and recurring. Non-recurring DCSC are those costs generally required for the program to begin operations. These costs are also referred to as start up costs. They are not intended to be an additional category, however. Costs for these activities are allowable only to the extent that they are not contained in either the indirect cost pool or the amount computed pursuant to section 106(a)(1).

Recurring DCSC are those costs that are associated directly with the operation of the program.

Maintenance and Improvement -- ...Changes to the budget request include \$1,000,000 in maintenance and improvement to restore the Portland Area AMEX program..

Action Taken or To Be Taken

The \$1,000,000 in FY 2002 M&I funds have been provided to the Portland Area to continue the AMEX program, under which ambulatory expansions are constructed generally with at least 50% tribal cost sharing. Two additional sites are expected to be served with these funds.

Construction Priorities -- The Service should continue to work on needed improvements to the facilities priority system so that the full range of need for facilities in Indian country is given appropriate consideration...

Action Taken or to be Taken

The IHS has established a tribal workgroup that is in the process of reviewing the current health care facilities construction priority system methodology. This workgroup is tasked, in part, with recommending changes, if any, that should be made to the methodology so that it provides greater benefit to the tribes. It is expected that the workgroup will report on their recommendations by July 2002. These recommendations will be used in redesigning the Health Care Facilities Construction Priority System. The Workgroup will also make recommendations on the criteria IHS should use to evaluate all health care facility needs in Indian Country. These recommendations will be used as IHS begins the process of developing a comprehensive inventory of health care facilities construction need.

Distribution of Facilities Funding -- ...The methodology used to distribute facilities funding should address the fluctuating annual workload and maintain parity among IHS areas and tribes as the workload shifts.

Action Taken or to be Taken

The IHS continues to distribute facilities funding in a manner, which addresses the fluctuating need and annual workload in order to maintain parity between IHS and tribes as need and workload shifts.

Construction of Staff Quarters -- The Committee agrees that funding for staff quarters needs to receive a higher priority in future budget requests.

Action Taken or to be Taken

For all projects on the IHS priority lists, the IHS has approached the respective tribes, seeking their participation in providing staff quarters, where needed, to assure health care providers have adequate housing. For the Hopi and Bethel staff quarters projects, the respective tribes have elected to own, construct, and operate the staff quarters. Currently, no other tribe with a health care facility or quarters on a priority list has chosen the same option.

In response to quarters management concerns raised by the 1990 Office of Inspector General's (OIG) report, the IHS revised its prioritization process for staff quarters construction. One specific concern of the OIG was that the IHS had been completing the construction of health care facilities in remote locations without housing for new staff. To address this concern, the IHS now includes the quarters as part of new and replacement health care facility construction projects, with the intention of synchronizing the design and construction of quarters with the facilities construction so housing is available prior to the opening of the health care facility. For remote locations, it is mandatory to have housing available for the new staff in order to hire health care providers for the new expanded health care services.

To address additional or new staff quarters at existing health care facilities or locations where staff quarters were not constructed along with the health care facility, the IHS will continue to follow the Quarters Construction Priority System in identifying the need for funding.

The IHS will try to maintain consistency in requesting funding for these priority needs.

Sanitation Funds -- Funds for sanitation facilities for new and renovated housing should be used to serve housing provided by the Bureau of Indian Affairs Housing Improvement Program, new homes, and homes renovated to like-new condition. Onsite sanitation facilities may also be provided for homes occupied by the disabled or sick who have physician referrals indicating an immediate medical need for adequate sanitation facilities at home. Sanitation funds should not be used to provide sanitation facilities for new homes funded by the housing programs of the Department of Housing and Urban Development. The HUD should provide any needed funds to the IHS for that purpose.

Action Taken or to be Taken

For the last 10 years approximately one-half of Sanitation Facilities Construction funding was obligated to provide service to new and like-new homes, with the first priority for funding being those projects serving homes provided by the Bureau of Indian Affairs Housing Improvement Program (BIAHIP). Also, onsite sanitation facilities for homes occupied by individuals with medical referrals continue to be served with these funds. Headquarters based on a review of each Area request determines funding allocation for each Area. Funding priority is given to projects which provide first time sanitation facilities to homes in BIAHIP Categories B, C, and D (new homes and homes receiving major renovations bringing the homes up to like new condition).

The IHS has continued to follow the direction from Congress to not serve new homes funded by the housing programs of the Department of Housing and Urban Development (DHUD). The passage of the Native American Housing Assistance and Self Determination Act of 1996 (NAHASDA) has led to more flexibility in how housing program funding is spent. With this increased flexibility many Tribally Designated Housing Entities have developed housing projects that not only construct new homes, but also purchase new homes, including mobile homes or renovate existing homes. This has created a challenge in determining which DHUD housing projects are eligible for service using IHS funds. If the Indian Health Service uses housing support funds to serve any of these DHUD housing projects, then there will be less funding available to serve other categories of new and like-new homes which would further impact the backlog of existing homes.

Open dumps -- The IHS may use up to \$5,000,000 in sanitation funding for projects to clean up and replace open dumps on Indian lands pursuant to the Indian Lands Open Dump Cleanup Act of 1994.

Action Taken or to be Taken

Progress has been made in cleaning up American Indian and Alaska Native open dumps with the establishment in 1998 of the Tribal Solid Waste Interagency Workgroup and the attention brought about by the reports to Congress required by the Indian Lands Open Dump Cleanup Act of 1994. With existing appropriations, the IHS continues to develop and fund solid waste projects, which include solid waste management plans, solid waste disposal alternatives, and open dump cleanups.

- Between fiscal years 1991 and 2001, the IHS funded solid waste projects totaling over \$38 million (includes some contributions from others).
- Twenty-six solid waste projects were funded in fiscal year 2001 with a total cost of approximately \$4.7 million.

The IHS has not funded any open dump clean-up demonstration projects described in the Indian Lands Open Dump Cleanup Act in order to maximize funding for sanitation for Indian homes. The IHS will continue to address the solid waste needs of Indian homes and communities in accordance with the policies, procedures, and funding priorities established for implementing P.L. 86-121 in the Indian Health Care Improvement Act, as amended, and the priority criteria

mandated in that Act. Priority for funding under those criteria is determined in large part by the impact on health and the potential for reducing health care costs by prevention. Because of health considerations and tribal priorities, projects to provide water and sewage facilities generally have a higher priority for IHS sanitation facilities construction funds.

Construction funding -- The IHS should continue to support tribes in identifying and implementing alternative and innovative approaches to funding construction and repair and replacement of health care facilities throughout Indian country, including cost-sharing arrangements and the enhanced use of third-party collections for improving aging facilities. These alternative approaches should not result in increased operational funding requirements for IHS.

Action Taken or to be Taken

The IHS continues to support tribes interested in alternative methods of funding health care facility needs. The Portland Area, Ambulatory Expansion Pilot Project (AMEX) funded this year is a prime example. IHS currently uses Medicare/Medicaid and other third party collections to correct facilities deficiencies related to JCAHO accreditation. IHS does not specifically identify alternative funding sources that tribes could use for construction but rather refers them to non-IHS funding organizations and programs and provides technical expertise in meeting the health care needs of their communities. In the last five years the Tribes through non-IHS funding sources for health care facilities construction and improvements have invested approximately \$369 million. In 1999 the IHS produced a Report titled "Roundtable Discussion and Analysis of Future Options for Indian Health Care Facility Funding" which compiled different alternative funding sources for use by the Tribes. In dialogue with tribes, the IHS continues to emphasize that there are limited resources for additional operational funding and that health care needs must be met within existing funding levels.

2002 Senate Appropriations Committee Report Language (107-36)

Indian Health Professions - Increases above the budget estimate include \$50,000 for the InPsych program at the University of North Dakota, \$50,000 for the InPsych program at the University of Montana, and \$500,000 for the InMed program at the University of North Dakota.

Action Taken or To Be Taken

The Indians into Psychology (InPsych) program was established by section 217 of the Indian Health Care Improvement Act (P.L. 94-437, as amended). This section was added in 1992 and authorized the establishment of three such programs "for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field." The legislation mandated that one of these programs be established at the University of North Dakota as the "Quentin N. Burdick American Indians into Psychology Program." Additional programs have been established through earmarked appropriations for the University of Montana and through the competitive grant process for the program at Oklahoma State University.

The funds provided will help both the University of North Dakota and the University of Montana support additional students in their psychology programs.

The Indians into Medicine (INMED) Program was established by section 114 of the Indian Health Care Improvement Act, which was added in 1988. It authorizes the establishment of three INMED programs "as a means of encouraging Indians to enter the health professions." The legislation mandated that one of these programs be established at the University of North Dakota as the "Quentin N. Burdick Indian Health Programs." An additional program has been established through a competitive grant at the University of Arizona.

The funds provided will permit the University of North Dakota to expand its recruitment and support efforts among Indian students interested in the health professions.

Urban Indian Health -- ... In addition, the Committee has restored \$1,000,000 to the urban health activity to fund the dental program run by First Nations Community HealthSources (FNCH) in cooperation with the Southwest Indian Polytechnic Institute (SIPI). It is clear that the lack of access to dental care for the Indian population of Albuquerque is a significant public health problem and it is critical that the issue be addressed and that funding be continued and increased.

Action taken or to be Taken

With these funds dental services will continue to be available for the large urban Indian population in the Albuquerque, NM area. The restored funding will allow both FNCH and SIPI to provide direct patient dental care at both facilities.

The funding for SIPI will allow the program to raise its age for routine care from 19 to 21 years of age. Routine care services now

will be extended to all American Indian children ages 21 years and younger and emergent dental services to all Native American adults/elders. In addition, routine dental services have been added for all pregnant American Indian women. Routine dental services will be extended to patients with diabetes.

The funding for FNCH will be used to implement and manage a 5-operatory dental unit. Emphasis will be placed upon preventive dental health services, with systematic screening of preschool and school age children; and community dental health education, fluoride treatment and monitoring of special risk populations.

Diabetes Prevention Activities -- The Committee expects the Indian Health Service to continue the diabetes prevention and research activities centered at the National Diabetes Prevention Center in Gallup, New Mexico, and jointly funded with the Centers for Disease Control.

Action Taken or to be Taken

The IHS has been involved in the development of the NDPC since funding became available through CDC in FY98. The IHS convened a group of tribal leaders to advise the agency on diabetes issues related to the Balanced Budget Act of 1997. In their recommendations to the Director of IHS, this committee supported the transfer of \$1 million of the \$30 million total as well as 4 IHS FTEs to CDC for creation of a national center in exchange for an advisory role to the new NDPC. The Director of IHS concurred and an interagency agreement was established with CDC.

The IHS National Diabetes Program (IHS NDP) worked closely with the CDC Division of Diabetes in setting up the center and actively served on the NDPC Steering Committee. The CDC recently formalized the local activities of the NDPC into the UNM/Southwest Diabetes Prevention Center. The IHS NDP along with the tribal advisory committee continues to actively collaborate with the CDC in the expansion of the national activities of the Gallup-based NDPC. This national focus addresses national diabetes prevention activities intended to benefit all American Indian/Alaska Native tribal communities.

Based on national tribal input from eight regional meetings around the country, the IHS National Diabetes Program has collaborated with the CDC to actively expand:

- mutual diabetes care and prevention curriculum dissemination,
- support to tribal education systems to address diabetes prevention education through the American Indian Higher Education Consortium and the NIH sponsored Diabetes Education in Tribal Schools project,
- mutual printing and dissemination of diabetes education materials and newsletter for grantee and other IHS, Tribal, and urban (I/T/U) Indian health diabetes programs,
- GIS mapping of diabetes and complications through a mutual contract with an American Indian organization, and
- evaluation and sharing of "lessons learned" from over 300 I/T/U diabetes grant programs established through the Balanced Budget Act

of 1997 through a mutual contract to analyze content of grantee input on the NDPC and the SDPI grants process.

The IHS NDP plans to continue this very important project by working closely with the CDC and tribes.

Drinking Water System for Shoshone-Bannock Tribes -- The Committee strongly encourages the Indian Health Service, from its Sanitation Facilities Construction program, to continue to fund at the highest level possible, construction of a new drinking water system for the Shoshone-Bannock Tribes of the Fort Hall Reservation in Idaho

Action Taken or to be Taken

In 1991, IHS funded an engineering study to identify and characterize groundwater contamination affecting domestic water systems on the Fort Hall Indian Reservation. This study found that the entire aquifer underlying the Reservation was contaminated with Ethylene Dibromide (EDB) in concentrations exceeding the Safe Drinking Water Act Maximum Contaminant Level.

In 1994, IHS, BIA and HUD funded a project to drill test wells to locate a water source to replace the contaminated wells serving the Fort Hall Agency Compound. It also provided filters on individual well water systems as a temporary measure to remove EDB. A clean aquifer with adequate capacity was identified.

Since 1997, IHS, HUD, and USDA-Rural Utility Service (RUS) have been funding projects to construct two new wells, a new storage tank and pump house, and transmission and distribution mains to bring the new water sources to the Fort Hall Agency Compound, Fort Hall Townsite, and scattered homes in the surrounding area to the south, southeast, and southwest.

Fifteen projects have been funded from FY 1996 through FY 2001 to serve approximately 600 homes.

As a result, most of the homes to the south of the Agency and Townsite have been served. There remain homes to the west of the Townsite and in the southwest portion of the Reservation north of Chubbuck, which do not have community water service available. The Tribes, IHS and USDA-RUS met on November 26, 2001 to review the needs for the Reservation and to tour the areas, which lack community water service. As a result of that meeting, the Tribes intend to apply for financial assistance from USDA-RUS. Several Fort Hall sanitation system deficiencies were reported in the FY 2001 Indian Health Service Sanitation Deficiency System, including additional extensions of the new water system. It is not known at this time whether sufficient funds from all potential sources will be adequate to fund projects this year, however, IHS, EPA, and RUS have all indicated a desire to assist the Tribes in this effort.

We will continue to work with the Tribe and other agencies to identify funds needed to construct adequate water main extensions to serve additional Indian homes on the Reservation. Further, we will continue to work with the Tribes to identify sanitation deficiencies and to coordinate efforts to secure funds towards correcting them.

2002 Conference Appropriations Committee Report Language (107-234)

Indian Health Professions - ...there are increases of \$50,000 for the InPsych program at the University of North Dakota, \$50,000 for the InPsych program at the University of Montana, and \$500,000 for the InMed program at the University of North Dakota.

Action Taken or To Be Taken

The Indians into Psychology (InPsych) program was established by section 217 of the Indian Health Care Improvement Act (P.L. 94-437, as amended). This section was added in 1992 and authorized the establishment of three such programs "for the purpose of developing and maintaining American Indian psychology career recruitment programs as a means of encouraging Indians to enter the mental health field." The legislation mandated that one of these programs be established at the University of North Dakota as the "Quentin N. Burdick American Indians into Psychology Program." Additional programs have been established through earmarked appropriations for the University of Montana and through the competitive grant process for the program at Oklahoma State University.

The funds provided will help both the University of North Dakota and the University of Montana support additional students in their psychology programs.

The Indians into Medicine (INMED) Program was established by section 114 of the Indian Health Care Improvement Act, which was added in 1988. It authorizes the establishment of three INMED programs "as a means of encouraging Indians to enter the health professions." The legislation mandated that one of these programs be established at the University of North Dakota as the "Quentin N. Burdick Indian Health Programs." An additional program has been established through a competitive grant at the University of Arizona.

The funds provided will permit the University of North Dakota to expand its recruitment and support efforts among Indian students interested in the health professions.

Contract Health Services Funding -- The additional contract health services (CHS) funding provided for fiscal year 2002 should be distributed following a methodology developed in consultation with the tribes. The managers have received expressions of concern from many different tribes on this issue and ask that the Service base the funding distribution on a methodology that considers the needs of all eligible tribes at the same time as addressing disparities in funding. The Service should continue to follow last year's direction on the level of need funded methodology and the distribution of the Indian health care improvement fund.

Action Taken or To Be Taken

The increases for the CHS program continue to reflect the successful advocacy of Tribes and Federal leadership efforts in addressing the health care needs of all American Indian and Alaska Natives. While these increases are significant, the unmet need for the CHS program

continues to be extremely large, as the IHS continues its joint efforts with the tribes to provide quality healthcare.

Tribes have also been advocating for a timely distribution of the CHS funding increase to address acute patient care needs. Because distribution of these funds is a high priority and because the data needed to finalize a new methodology would delay a final product, on December 31, 2001 the funds were distributed to all Areas on a non-recurring basis. The decision to distribute these funds non-recurring would allow more time for tribal consultations during this current fiscal year so that a new recurring allocation formula can be developed with the tribes for FY 2003.

The methodology for the allocation of this increase is based on a blend of the old CHS distribution methodology used since FY 1994 and a new CHS formula that was recommended by the FY 2001 CHS Allocation Workgroup. While the methodologies addresses issues of eligibility and disparity, tribes are not completely satisfied that the issues of equity are met. The decision to distribute these funds non-recurring is based on the following considerations:

1. The User Population figures to update the current methodology will not be available until late in the second quarter.
2. By distributing funds early, consultation on a new recurring allocation formula can progress in a less time-pressured environment without unduly burdening Operating Units and Tribes.
3. Early distribution of the funds promotes effective use of the resources, which is critical to Areas with large unmet needs.

This approach will also allow for more dialogue with tribes on the outstanding issues related to the disparity between need and the resources. The goal is to develop an allocation formula that addresses as many of the tribal concerns as possible and allows for timely distribution of future CHS funds. The immediate re-establishment of a tribal workgroup to address recurring allocations for FY 2003 is under way.

Portland Area AMEX Program -- The funds provided for the Portland Area AMEX program should remain in the base in fiscal year 2003 for addressing the nationwide need for maintenance funds, and the Service should request an increase to the base maintenance funding in fiscal year 2003 to enable the Service to keep pace with the expanding facilities infrastructure for Federal and tribal facilities, including Alaska village-built clinics

Action Taken or To Be Taken

The funds provided in FY2002 for the Portland Area AMEX program are in the base for FY2003 to address the nationwide need for maintenance and improvement funding. The IHS is in the process of determining the dilution impact of space added into the inventory each year. Future budget submissions will request appropriate funds to maintain the level of funding per square meter supported.

Facilities Construction - Given the tremendous unmet need for new and replacement hospitals and clinics in Indian Country, the managers urge that,

beginning in fiscal year 2003, the Department and the Office of Management and Budget establish a recurring base budget for hospital and clinic facilities construction rather than building from a zero-based budget each year. The managers suggest that the base amount for fiscal year 2003 should be at least \$90,000,000 (the fiscal year 2002 level plus inflation) and projects should be identified based on the established priority list (including hospitals, clinics, staff quarters, dental units, small ambulatory care facilities, and joint ventures) to total the base funding level.

Action Taken or to be Taken

The Indian Health Service concurs with recurring health care facility construction funding since it clearly enhances health facilities planning. Coordination for the planning, design, and construction phases of projects on the inpatient and outpatient priority lists will be improved. Quarters construction scheduling will be streamlined as well as programs dependent on planning and design funds, such as the dental and small clinics, will run more efficiently. Overall, activities funded under the health care facilities construction line item will benefit.

Construction - The Service should also use balances available from completed construction projects to fund the additional site work and infrastructure needs of the Pinon, AZ clinic and, to the extent available, to fund additional site work and infrastructure at the Red Mesa, AZ clinic.

Action Taken or to be Taken

In past years Committees have urged IHS to use funds remaining from closed out projects to fund other high priority health care facility projects in need of funding. The IHS continues to utilize health care facilities construction funding from finished projects. As funds are identified, IHS will request reprogramming to address the funding needs of those high priority health care facilities projects.

Drinking Water -- The Service should continue funding for a new drinking water system for the Shoshone-Bannock Tribes of the Fort Hall reservation in Idaho to the extent such project is ranked within the established sanitation facility priority ranking system.

Action Taken or to be Taken

The Indian Health Service has funded needed projects to address this issue using the Sanitation Deficiency System to determine the funding priority. These projects continue to receive a high priority for funding because of the high health risk attributed to the groundwater contamination prevalent on the Fort Hall Reservation. Beginning in 1991, IHS funded an engineering study to identify and characterize groundwater contamination affecting domestic water systems on the Fort Hall Indian Reservation. This study found that the entire aquifer underlying the Reservation was contaminated with Ethylene Dibromide (EDB) in concentrations exceeding the Safe Drinking Water Act Maximum Contaminant Level.

In 1994, IHS, BIA and HUD funded a project to drill test wells to locate a water source to replace the contaminated wells serving the Fort Hall Agency Compound. It also provided filters on individual well

water systems as a temporary measure to remove EDB. A clean aquifer with adequate capacity was identified.

Since 1997, IHS, HUD, and USDA-Rural Utility Service (RUS) have been funding projects to construct two new wells, a new storage tank and pump house, and transmission and distribution mains to bring the new water sources to the Fort Hall Agency Compound, Fort Hall Townsite, and scattered homes in the surrounding area to the south, southeast, and southwest.

Fifteen projects have been funded from FY 1996 through FY 2001 to serve approximately 600 homes.

As a result, most of the homes to the south of the Agency and Townsite have been served. There remain homes to the west of the Townsite and in the southwest portion of the Reservation north of Chubbuck, which do not have community water service available. The Tribes, IHS and USDA-RUS met on November 26, 2001 to review the needs for the Reservation and to tour the areas, which lack community water service. As a result of that meeting, the Tribes intend to apply for financial assistance from USDA-RUS. Several Fort Hall sanitation system deficiencies were reported in the FY 2001 Indian Health Service Sanitation Deficiency System, including additional extensions of the new water system. It is not known at this time whether sufficient funds from all potential sources will be adequate to fund projects this year, however, IHS, EPA, and RUS have all indicated a desire to assist the Tribes in this effort.

We will continue to work with the Tribe and other agencies to identify funds needed to construct adequate water main extensions to serve additional Indian homes on the Reservation. Further, we will continue to work with the Tribes to identify sanitation deficiencies and to coordinate efforts to secure funds towards correcting them.

Grants - Rather than issuing a new solicitation for the small ambulatory grant program in fiscal year 2002, the Service should fund high priority, unfunded projects from the ranked order list generated from the FY 2001 application process.

Action Taken or to be Taken

The Indian Health Service plans to fund high priority unfunded projects from the rank order list generated for the FY 2001 application process. This will eliminate substantial time delays associated with the application and selection process. Preliminary feedback from tribes indicates that a majority of the eligible tribes have participated in the FY 2001 Small Ambulatory Program application process.

Grants (funding thresholds) -- The Service should establish a reasonably low maximum funding threshold for the small ambulatory grant program so that several projects can be funded under that program each fiscal year. The maximum amount should not be construed as the amount available for each project, and the managers expect that most projects will be funded well below the maximum threshold.

Action Taken or to be Taken

The IHS is in the process of establishing these limits. Based on the applications received and the projects that would not be funded in the initial awards, the establishment of threshold limits will be more beneficial to the program. The IHS will report to the committee when the thresholds and limits are determined.

Staff Quarters - The Service should ensure, in evaluating joint venture proposals, that any needed staff quarters are included in tribal construction proposals and that the costs of staff quarters construction and all related costs are funded by the tribe. Once constructed, staff quarters should be self-supporting from revenues generated from rental fees. The Service should not be responsible for any construction or subsequent operating costs for staff quarters that are associated with a joint venture.

Action Taken or to be Taken

Not having IHS history addressing the issue, certain joint venture proposals proceeded with out a clear understanding of the need for planning staff quarters. Policy and guidelines are being developed that will ensure that all future proposals include staff quarters if they are required for the joint venture health facility.

Bethel, AK Staff Quarters - The conference agreement includes statutory language that modifies the Senate proposed language for Bethel, AK hospital staff quarters construction project. The modification permits the use of funds for staff quarters construction for sub-regional clinics in the Bethel area. The managers expect that this authority will be used on a limited basis only to the extent that such sub-regional staff quarters fit within the agreed upon overall costs for the Bethel staff quarters project and that there is no impact on the effort now underway to provide an adequate number of staff quarters at the Bethel hospital.

Action Taken or to be Taken

The IHS is working with the Yukon Kuskokwim Health Corporation to modify the project agreement to permit the use of funds for staff quarters construction for sub-regional clinics in the Bethel area on a limited basis which would not greatly impact the staff quarters necessary for the Bethel Hospital staff.

INDIAN HEALTH SERVICE
Authorizing Legislation
(Dollars in Thousands)

Exhibit K

FILE: O:\DFM\BFPB\FY2003\CONG\L\Exhibit K				
	2002	2002	2003	2003
	Amount	Amount	Amount	Budget
	Authorized	Appropriation	Authorized	Request
Preventive Health Services				
Activity:				
1. Services Appropriations:	\$ 2,074,168	\$2,270,658	\$2,265,663	\$2,387,014
25 U.S.C. 13, Act and P.L. 83-568, Transfer Act 42 U.S.C. 2001. Snyder Act, Title V, P.L. 94-437, Indian Health Care Improvement Act (IHCIA), as amended. Title I, Indian Health Manpower. Indian Self Determination and Education Assistance Act, P.L. 93-638, as amended, Sections 103 (b) (2) and 103 (e). Title III & V, Self Governance Demonstration Program, Indian Self Determination Act, as amended. P.L. 100-472 Section 106 (a) (2) A & B. P.L. 106-260 Tribal Self Governance Amendment of 2000. Omnibus Consolidated Appropriations Act, 2001. P.L. 106-554				
2. Facilities Appropriations:	316,555	363,904	363,103	319,795
Indian Sanitation Facilities Act P.L. 86-121, P.L. 101-512, Section 704 of the IHCIA P.L. 103-413, P.L. 102-573				
3. Public and Private Collections:	436,394	475,501	475,501	504,685
Economy Act of 31 U.S.C. 686 Section 301-P.L. 94-437, Title V of IHCIA. Omnibus Consolidated Appropriations Act, 2001. P.L. 106-554				
4. Diabetes:	\$30,000	\$100,000	\$100,000	\$100,000
111 STAT. 574 (P.L. 105-33) 114.2763A-525, (P.L. 106-554 Sec. 432)				
Unfunded authorizations:	0	0	0	0
Total appropriations:	\$2,857,117	\$3,210,063	\$3,204,267	\$3,311,494
Total appropriations against Definite authorizations:	\$2,857,117	\$3,210,063	\$3,204,267	\$3,311,494

INDIAN HEALTH SERVICE

Indian Health Services Appropriation

Appropriation History Table

1/31/2002

FILE: O:\DFM\BFPB\FY2003\CONGL SUBM\Exhibit L

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1994	\$1,600,851,000	\$1,652,394,000	\$1,641,592,000	\$1,646,088,000
1995	\$1,653,305,000	\$1,706,102,000	\$1,715,052,000	\$1,713,052,000
Reduction	-	-	-	(\$3,272,000)
Rescission	-	-	-	(\$2,688,000)
1996	\$1,816,350,000	\$1,725,792,000	-	\$1,722,842,000
Supplemental	-	-	-	\$25,000,000
Rescission	-	-	-	(\$2,533,000)
1997	\$1,894,593,000	\$1,779,561,000	\$1,800,836,000	\$1,806,269,000
Supplemental	-	-	-	\$1,000,000
1998	\$1,835,465,000	\$1,829,088,000	\$1,958,235,000	\$1,841,074,000
1999	\$1,843,873,000	\$1,932,953,000	\$1,888,602,000	\$1,948,380,000
Reduction	-	-	-	(\$4,900,000)
Rescission	-	-	-	(\$1,982,000)
2000	\$2,094,922,000	\$2,085,407,000	\$2,094,922,000	\$2,074,168,000
Rescission	-	-	-	(\$4,794,000)
2001	\$2,271,055,000	\$2,106,178,000	\$2,184,421,000	\$2,265,663,000
Rescission				(\$5,796,000)
2002	\$2,387,014,000	\$2,390,014,000	\$2,388,614,000	\$2,389,614,000
2003	\$2,513,668,000			

INDIAN HEALTH SERVICE

Indian Health Facilities Appropriation

Appropriation History Table

1/31/2002

FILE: O:\DFM\BFPB\FY2003\CONGL SUBM\Exhibit L

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1993	\$270,506,000	\$338,596,000	\$329,079,000	\$336,500,000
Reduction	-	-	-	(\$2,860,000)
1994	\$279,269,000	\$296,997,000	\$293,682,000	\$296,982,000
1995	\$167,079,000	\$253,892,000	\$253,767,000	\$253,767,000
Reduction	-	-	-	(\$485,000)
Rescission	-	-	-	(\$300,000)
1996	\$242,672,000	\$236,975,000	-	\$237,958,000
Rescission	-	-	-	(\$304,000)
1997	\$275,251,000	\$277,701,000	\$251,957,000	\$247,731,000
Supplemental	-	-	-	\$2,000,000
1998	\$286,535,000	\$257,310,000	\$168,401,000	\$257,538,000
1999	\$274,476,000	\$313,175,000	\$263,516,000	\$289,465,000
Supplemental	-	-	-	\$2,500,000
2000	\$317,465,000	\$312,478,000	\$189,252,000	\$316,555,000
Rescission	-	-	-	(\$2,025,000)
2001	\$349,374,000	\$336,423,000	\$349,650,000	\$363,103,000
Rescission	-	-	-	(\$801,000)
2002	\$319,795,000	\$369,795,000	\$362,854,000	\$369,487,000
2003	\$370,475,000			

EXHIBIT O

INDIAN HEALTH SERVICE
Details of Full-Time Equivalent Employment (FTE)
By Headquarters, Area Office, and Service Unit

O:\DFM\BFPB\FY2003\Congr1 Subm\EXHIBIT O

January 14, 2002

	FY 2000 Actual	FY 2001 Estimate	FY 2002 Estimate
Headquarters	385	385	385
Area Offices	1,130	1,130	1,130
Service Units	13,145	13,279	13,362
Total, FTEs	14,660	14,794	14,877

Average GS Grade

1997.....	8.2
1998.....	8.2
1999.....	8.2
2000.....	8.2
2001.....	8.2

**INDIAN HEALTH SERVICE
DETAIL OF PERMANENT POSITIONS**

EXHIBIT P

FILE: O:\DFM\BFPB\FY2003\Congl Subm\EXHIBIT P-1-12

12-Jan-02

	2001 Actual	2002 Estimate	2003 Estimate
ES-05.....	2	2	2
ES-04.....	4	4	4
ES-03.....	2	2	2
ES-02.....	8	8	8
ES-01.....	0	0	0
Subtotal.....	16	16	16
GS/GM-15.....	361	365	369
GS/GM-14.....	365	369	373
GS/GM-13.....	324	327	330
GS-12.....	702	710	717
GS-11.....	1,270	1,285	1,298
GS-10.....	469	475	480
GS-9.....	1,719	1,739	1,756
GS-8.....	153	155	157
GS-7.....	729	737	744
GS-6.....	965	976	986
GS-5.....	1,747	1,767	1,785
GS-4.....	1,157	1,170	1,182
GS-3.....	250	250	250
GS-2.....	20	20	20
GS-1.....	3	3	3
Subtotal.....	10,234	10,348	10,450
Grades established by Act of July 1, 1944 (U.S.C. 207):			
Assistant Surgeon General CO-08.....	6	6	6
Assistant Surgeon General CO-07.....	3	3	3
Director Grade CO-06.....	488	494	499
Senior Grade CO-05.....	602	609	615
Full Grade CO-04.....	530	536	541
Senior Assistant Grade CO-03.....	326	329	332
Assistant Grade CO-02.....	80	81	82
Junior Grade CO-01.....	7	7	7
Subtotal.....	2,042	2,065	2,085
Ungraded.....	1,270	1,285	1,298
Total Permanent Positions.....	13,562	13,714	13,849
Unfilled Positions, End of Year.....	0	0	0
Total Permanent Employment, End of Year.....	13,562	13,714	13,849

**INDIAN HEALTH SERVICE
DETAIL OF PERMANENT POSITIONS**

FILE: O:\DFM\BFPB\FY2003\Congl Subm\EXHIBIT P-1-12

12-Jan-02

	2001 Actual	2002 Estimate	2003 Estimate
Total General Schedule Series:			
(GS-1 - GS-15)			
Number.....	10,234	10,348	10,450
Total Salary.....	\$460,668,242	\$477,218,716	\$496,866,150
Average Salary.....	\$45,014	\$46,117	\$47,547
Average Grade.....	8.2	8.2	8.2

Total Ungraded Positions at Hourly Rates:

Number.....	1,270	1,285	1,298
Total Salary.....	\$41,770,331	\$43,299,360	\$45,093,818
Average Salary.....	\$32,890	\$33,696	\$34,741

Total Commissioned Officer Series:

Number.....	2,042	2,065	2,085
Total Salary.....	\$121,242,708	\$125,611,885	\$130,760,775
Average Salary.....	\$59,374	\$60,829	\$62,715

**Total ES Series:
(ES-01 - ES-04)**

Number.....	16	16	16
Total Salary.....	\$1,855,800	\$1,901,280	\$1,960,224
Average Salary.....	\$115,988	\$118,830	\$122,514

INDIAN HEALTH SERVICE
New Positions Requirement 1/

EXHIBIT Q

		2003	
	<u>Grade</u>	<u>Number</u>	<u>Annual Salary</u>
<u>H&C</u>			
Medical Officer	GS-13/14/15	17	90,000
Registered Nurse	GS-9/11	18	55,000
Licensed Practical Nurse	GS-5/6	6	28,000
Medical Supply Technician	GS-5/6/7	3	25,000
Nursing Educator	GS-10	2	50,000
Office Automation Clerk	GS-4	2	19,000
Medical Technologist	GS-7	2	27,000
Imaging Technologist	GS-6/7	2	27,000
Optometrist	GS-12	2	48,000
Optometric Assistant	GS-7	1	27,000
Audiologist	GS-11	1	45,000
Nutritionist	GS-7/9	2	33,000
Pharmacist	GS-9/11	4	45,000
Physical Therapist	GS-9/11	1	38,000
Administrative Assistant	GS-5/6/7	2	25,000
Budget & Acctng Analyst	GS-7	2	27,000
Personnel Specialist	GS-9	2	33,000
Medical Receptionist	GS-6	2	24,000
Medical Clerk	GS-4	2	19,000
Case Management Specialist	GS-9	2	33,000
Computer Programmer/Analyst	GS-9/11/12	3	48,000
Medical Records Technician	GS-5	3	21,000
Data Entry Clerk	GS-5	2	21,000
Patient Accounts Technician	GS-7	3	27,000
Patient Registration Technician	GS-5	2	21,000
Benefits Coordinator	GS-7	2	27,000
Property and Supply Technician	GS-5/6/7	4	25,000
Janitor/Housekeeper	GS-2/3	5	17,000
Respiratory Therapist	GS-9/11	1	38,000
Quality Assurance Specialist	GS-9	2	33,000
Driver	GS-4	1	19,000
Contracting Specialist	GS-9	1	33,000
Purchasing Agent	GS-6/7	3	27,000
Accounting Technician	GS-9	1	33,000
Classification Specialist	GS-9	1	33,000

INDIAN HEALTH SERVICE
New Positions Requirement 1/

EXHIBIT Q-2

2003			
	<u>Grade</u>	<u>Number</u>	<u>Annual Salary</u>
<u>Dental</u>			
Dentists	GS-9/11/12	15	65,000
Dental Assistant	GS-3/4/5	7	20,000
<u>Mental Health</u>			
Psychologist	GS-11/12/13	5	70,000
Social Worker	GS-11/12	17	48,000
<u>Public Health Nursing</u>			
Public Health Nurse	GS-9/11	10	48,000
<u>Health Education</u>			
Health Educator	GS-11/12	2	48,000
<u>Facilities and Environmental Health Support</u>			
Environmental Health Personnel	GS-12/13	3	68,000
Maintenance	WG-3/4	12	18,000
Clinical Engineer	GS-9	3	35,000

1/ This list of positions is an estimate of those new positions that may be filled at new facilities. The types and numbers of actual staff hired will depend on local existing staffing levels and priority needs.

Indian Health Service

2001 Crosswalk for Accrued Retirement and Health Benefits Cost

(Dollars in Thousands)

Sub-Sub-Activity	2001 Actual Current Law	2001 Additional Accrual Cost	2001 Actual Proposed Law
<u>SERVICES:</u>			
Hospitals & Health Clinics	\$1,084,173	\$36,996	\$1,121,169
Dental Health	91,018	4,190	95,208
Mental Health	45,018	1,561	46,579
Alcohol & Substance Abuse	130,254	967	131,221
Contract Health Services	445,773	0	445,773
Total, Clinical Services	\$1,796,236	\$43,714	\$1,839,950
Public Health Nursing	36,114	1,532	37,646
Health Education	10,063	173	10,236
Community Health Reps.	48,061	0	48,061
Immunization AK	1,471	0	1,471
Total, Preventive Health	\$95,709	\$1,705	\$97,414
Urban Health	29,843	84	29,927
Indian Health Professions	30,486	101	30,587
Tribal Management	2,406	0	2,406
Direct Operation	52,196	8,323	60,519
Self Governance	9,803	45	9,848
Contract Support Cost	248,234	0	248,234
TOTAL, SERVICES	\$2,264,913	\$53,972	\$2,318,885
<u>FACILITIES:</u>			
Maintenance & Improvement	46,331	0	46,331
Sanitation Facilities	93,617	1,091	94,708
Health Care Facilities Construction	85,525	0	85,525
Facilities & Environmental Health Support	121,336	5,929	127,265
Equipment	16,294	0	16,294
TOTAL, FACILITIES	\$363,103	\$7,020	\$370,123
TOTAL, BUDGET AUTHORITY	\$2,628,016	\$60,992	\$2,689,008
<u>COLLECTIONS:</u>			
Medicare	114,728	1,914	116,642
Medicaid	316,113	4,807	320,920
Private Insurance	39,960	1,015	40,975
Quarters	5,500	14	5,514
TOTAL, COLLECTION	\$476,301	\$7,750	\$484,051
<u>ADVANCE TRANSFER APPROPRIATION:</u>			
Diabetes	100,000	0	100,000
TOTAL, PROGRAM LEVEL	\$3,204,317	\$68,742	\$3,273,059

Indian Health Service

2002 Crosswalk for Accrued Retirement and Health Benefits Cost

(Dollars in Thousands)

Sub-Sub-Activity	2002 Actual Current Law	2002 Additional Accrual Cost	2002 Actual Proposed Law
SERVICES:			
Hospitals & Health Clinics	\$1,153,711	\$39,993	\$1,193,704
Dental Health	95,305	4,573	99,878
Mental Health	47,142	1,700	48,842
Alcohol & Substance Abuse	135,005	1,031	136,036
Contract Health Services	460,776	0	460,776
Total, Clinical Services	\$1,891,939	\$47,297	\$1,939,236
Public Health Nursing	37,781	1,663	39,444
Health Education	10,628	202	10,830
Community Health Reps.	49,789	0	49,789
Immunization AK	1,526	0	1,526
Total, Preventive Health	\$99,724	\$1,865	\$101,589
Urban Health	30,947	90	31,037
Indian Health Professions	31,165	108	31,273
Tribal Management	2,406	0	2,406
Direct Operation	54,524	8,875	63,399
Self Governance	9,876	48	9,924
Contract Support Cost	268,234	0	268,234
TOTAL, SERVICES	\$2,388,815	\$58,283	\$2,447,098
FACILITIES:			
Maintenance & Improvement	46,331	0	46,331
Sanitation Facilities	93,827	1,163	94,990
Health Care Facilities Construction	86,260	0	86,260
Facilities & Environmental Health Support	126,775	6,368	133,143
Equipment	16,294	0	16,294
TOTAL, FACILITIES	\$369,487	\$7,531	\$377,018
TOTAL, BUDGET AUTHORITY	\$2,758,302	\$65,814	\$2,824,116
Medicare	135,776	2,048	137,824
Medicaid	324,249	5,142	329,391
Private Insurance	39,960	1,087	41,047
Quarters	5,700	15	5,715
TOTAL, COLLECTION	\$505,685	\$8,292	\$513,977
ADVANCE TRANSFER APPROPRIATION:			
Diabetes	100,000	0	100,000
TOTAL, PROGRAM LEVEL	\$3,363,987	\$74,106	\$3,438,093

Indian Health Service

2003 Crosswalk for Accrued Retirement and Health Benefits Cost

(Dollars in Thousands)

Sub-Sub-Activity	2003 Actual Current Law	2003 Additional Accrual Cost	2003 Actual Proposed Law
<u>SERVICES:</u>			
Hospitals & Health Clinics	\$1,188,540	\$41,607	\$1,230,147
Dental Health	100,085	4,816	104,901
Mental Health	50,626	1,873	52,499
Alcohol & Substance Abuse	137,744	1,056	138,800
Contract Health Services	468,130	0	468,130
Total, Clinical Services	\$1,945,125	\$49,352	\$1,994,477
Public Health Nursing	39,875	1,764	41,639
Health Education	11,063	220	11,283
Community Health Reps.	50,774	0	50,774
Immunization AK	1,556	0	1,556
Total, Preventive Health	\$103,268	\$1,984	\$105,252
Urban Health	31,528	92	31,620
Indian Health Professions	35,373	110	35,483
Tribal Management	2,406	0	2,406
Direct Operation	54,474	9,084	63,558
Self Governance	10,089	49	10,138
Contract Support Cost	270,734	0	270,734
TOTAL, SERVICES	\$2,452,997	\$60,671	\$2,513,668
<u>FACILITIES:</u>			
Maintenance & Improvement	47,331	0	47,331
Sanitation Facilities	93,983	1,202	95,185
Health Care Facilities Construction	72,000	0	72,000
Facilities & Environmental Health Support	132,963	6,702	139,665
Equipment	16,294	0	16,294
TOTAL, FACILITIES	\$362,571	\$7,904	\$370,475
TOTAL, BUDGET AUTHORITY	\$2,815,568	\$68,575	\$2,884,143
<u>COLLECTIONS:</u>			
Medicare	135,776	2,192	137,968
Medicaid	324,249	5,503	329,752
Private Insurance	39,960	1,162	41,122
Quarters	5,900	16	5,916
TOTAL, COLLECTION	\$505,885	\$8,873	\$514,758
<u>ADVANCE TRANSFER APPROPRIATION:</u>			
Diabetes	100,000	0	100,000
TOTAL, PROGRAM LEVEL	\$3,421,453	\$77,448	\$3,498,901

INDIAN HEALTH SERVICE
FY 2003 Moyer Cross-cutting Information
(Program Level in Thousands)

	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
AIDS					
HIV Surveillance		978	994	1,012	1,027
Information & Education/Prevention Services		2,764	2,816	2,874	2,911
Total, AIDS		3,742	3,810	3,886	3,938
Aging		n/a	n/a	n/a	n/a
Alzheimer's Disease		n/a	n/a	n/a	n/a
Cancer					
Cancer		14,351	15,352	15,352	15,352
Breast Cancer (Non-Add)		13,915	13,915	13,915	13,915
Total		14,351	15,352	15,352	15,352
Child Care		n/a	n/a	n/a	n/a
Diabetes					
Model Diabetes		8,310	7,700	7,700	7,700
Diabetes Grants		4,000	3,000	3,000	3,000
Periodontal Diabetes		300	300	300	300
Diabetes Funds (mandatory)		30,000	100,000	100,000	100,000
Total, Diabetes		42,610	111,000	111,000	111,000
Family Planning - Service Only		91,683	103,866	117,715	133,549
Homeless		n/a	n/a	n/a	n/a
Immunization - Services & Vaccine Purchases Only		1,402	1,471	1,516	1,556
Minority Health and Assistance					
Services		2,074,173	2,265,663	2,389,614	2,453,835
Facilities		316,555	363,103	369,487	2,816,406
Third Party Collection		404,590	454,288	499,985	499,985
Quarters		4,700	4,700	5,700	5,900
Diabetes (Mandatory)		30,000	100,000	100,000	100,000
Total, Minority Health and Assistance		2,830,018	3,187,754	3,364,786	5,876,126
Pediatric Aids		n/a	n/a	n/a	n/a
Rural Health		n/a	n/a	n/a	n/a
Substance Abuse		45,274	59,852	62,037	63,290
Women's Health					
Cancer	12,350	14,351	15,352	15,352	15,352
Breast Cancer (non-add)	11,915	13,915	13,915	13,915	13,915
Reproductive Health	115,466	124,224	128,990	128,990	128,990
Substance Abuse	1,892	1,935	1,981	1,981	1,981
Cross-cutting Categories	800	800	800	800	800
Total, Women's Health	130,508	141,310	147,123	147,123	147,123

Present Health Facilities Priority Rankings

January 2002

Inpatient

Ft. Defiance, AZ*
Winnebago, NE*
Phoenix, AZ*
Barrow, AK
Nome, AK

Outpatient

Ft. Yuma, AZ (On-hold)
Pinon, AZ*
Red Mesa, AZ (Montezuma Creek, UT)*
Pawnee, OK*
St. Paul, AK*
Metlakatla, AK*
Sisseton, SD*
Clinton, OK
Dulce, NM**
San Simon (Westside), AZ**

Staff Quarters

Bethel, AK (79 units)*
Zuni, NM (19 units)*
Wagner, SD (10 units)
Ft. Belknap, MT (29 units)
Kayenta, AZ (62 units)

*Partially Funded

**Funding to equip these projects is obligated under the FY 2001 Joint Venture Program.